

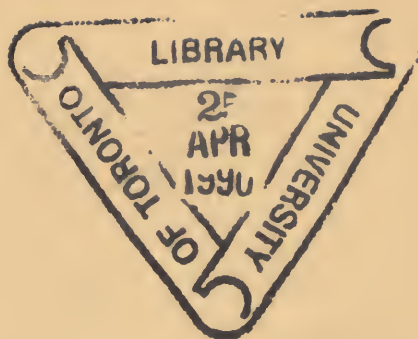
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BIBLIOTHECA MEDICA CANADIANA

VOLUME 9 NUMBER 1, 1987 ISSN 0707 - 3674



INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTEURS

The *Bibliotheca Medica Canadiana* is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library. Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome, preferably in both languages.

La *Bibliotheca Medica Canadiana* a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires travaillant dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillent dans les bibliothèques de petite taille et les bibliothèques relativement isolées. Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus, de préférence dans les deux langues.

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volume 10, number 1	10 June 1988

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articles pour chacun des quatre
prochains numéros est la suivante:

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MANUSCRIPTS

The editors of *Bibliotheca Medica Canadiana* welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada and to specific theme issues as they occur.

Contributions should be submitted in duplicate and the author should retain one copy. Contributions should be typed double-spaced and should not exceed six pages or 2100 words. Pages should be numbered consecutively in arabic numerals in the top right-hand corner.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

Articles may be submitted in French or in English but will not be translated by the editors or their associates.

Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the *Oxford English Dictionary*; exceptions shall be at the discretion of the editors.

Contributors who wish to submit their work in machine-readable format should contact the editors in advance to ensure that compatible equipment is available in the editorial offices.

REFERENCES

Contributors are responsible for the accuracy of their references.

Personal communications are not acceptable as references.

References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

All references should be given in the Vancouver style; see *Canadian Medical Association Journal* 1985; 132: 401-5.

ILLUSTRATIONS

Any illustrations or tables submitted should be black and white copy camera-ready for print.

Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text.

Illustrations and tables should include appropriate titles.

MANUSCRITS

Les rédacteurs de la *Bibliotheca Medica Canadiana* sont à la recherche de manuscrits ou d'autres renseignements portant sur le vaste domaine de la bibliothéconomie dans le contexte des sciences de la santé. Nous recherchons tout particulièrement des articles relatifs à la situation au Canada et à des thèmes d'actualité.

Les articles devraient être remis en deux exemplaires et l'auteur devrait en garder une copie. Les articles devraient être dactylographiés en double espace et ne devraient pas dépasser six pages ou 2100 mots. Prière de numérotter les pages consécutivement en chiffres arabes en haut de la page à droite.

Tout article devrait s'accompagner d'une lettre de couverture fournissant les informations suivantes: nom de l'auteur (dactylographié), son titre et lieu de travail, ainsi que tout autre détail que l'auteur jugerait utile à la rédaction.

Les articles peuvent être remis en français ou en anglais, mais ils ne seront pas traduits par la rédaction ou par les associés de la rédaction.

Le style d'expression écrite se conformera à l'usage et à la syntaxe acceptables du français; il est préférable d'éviter l'argot, les sigles et autres abréviations obscures. L'orthographe se conformera à celle du *Robert*; les exceptions à cette règle seront à la discrétion de la rédaction.

Les auteurs qui désirent remettre leurs manuscrits sous forme électronique devraient communiquer à l'avance avec la rédaction afin de s'assurer que l'équipement compatible est disponible aux bureaux de la rédaction.

REFERENCES

Les auteurs sont responsables de l'exactitude de leurs références.

Les communications de nature personnelle ne sont pas acceptables comme références.

Il ne faut citer une référence à un ouvrage inédit que si ce dernier est disponible à une adresse indiquée par l'auteur.

Toute référence devrait être citée selon le style dit de Vancouver; voir le *Journal de l'Association médicale canadienne* 1985; 132: 401-5.

ILLUSTRATIONS

Les illustrations et les tableaux doivent être en noir et blanc, et prêts à l'impression.

Les illustrations et les tableaux doivent être clairement identifiés en chiffres arabes et avoir des renvois clairs dans le corps du texte.

Les illustrations et tableaux doivent comporter des titres pertinents.

Bibliotheca Medica Canadiana News and Notes

The editors of **Bibliotheca Medica Canadiana** welcome news items from members of the Canadian Health Libraries Association, or any news that may be of interest to members. You are welcome to copy this form in any way for submission; news items too lengthy to fit on this form may be sent to the address shown below.

The copy deadline for volume 9, number 2, is : 11 September 1987

APPOINTMENTS ?	Who	_____
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AWARDS ?	When	_____
	Where	_____
PROMOTIONS ?	Who	_____
MOVES ?	From what	_____
RESIGNATIONS ?	To what	_____
	When	_____
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Send to: Lynn Dunikowski, Editor
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Canadian Library of Family Medicine
Natural Sciences Centre
University of Western Ontario
London, Ontario N6A 5B7

BIBLIOTHECA MEDICA CANADIANA



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1987

- i Information for Contributors
- iv Newsgathering form
- 1 From the Editors
- 2 Letter to the Editors - Brown
- 3 A Word from the President - Greenwood
- 4 Quelques Mots de la Présidente - Greenwood
- 6 From the Board: Public Relations Letter
- 8 Report: CHLA/MLA Liaison - Greenwood
- 9 Report: Task Force on Hospital Library Standards - Greenwood
- 13 10th Anniversary Commemorative Award
- 17 Minutes: 11th Annual General Meeting
- 23 Interim Financial Statement
- 24 Report: Editors of BMC
- 27 Report: Membership/Public Relations Committee - Waluzyniec
- 28 Report: CE Coordinator - Barrett
- 30 Continuing Education: MeSH Online - Kharouba

CHAPTER REPORTS

- 34 HLABC - Nelson
- 35 COHLA - Bishop
- 36 KAHLA - Law
- 37 MHLA - Pritchard
- 39 MHLA/ABSM - Toplack
- 41 MHLA - Kelly
- 42 NAHLA - Lapointe
- 43 THLA - Pepper
- 44 WAHLA - Janik, Henshaw

AFFILIATED ASSOCIATION REPORT

- 45 OHLA - Taylor

ORIGINAL PAPERS

- 47 Infohealth Task Force Report - MHLA
- 53 Contribution of Librarianship to Medical Archives - Spadoni

NEWS AND NOTES

- 67 CCOHS and NIOSH Agree to Collaborate
- 67 CPI Expands to Include More Health
Periodicals
- 68 CE Course on a Shoestring - Henshaw,
Janik
- 71 Books for Children
- 73 From the HSRC - Kharouba
- 76 Du CBSS - Kharouba
- 79 People on the Move
- 80 New Publications
- 82 CHLA Board/BMC Staff

FROM THE EDITORS

This is the last editorial page and the last issue to be produced by the current team; with the next issue of this journal, a new team takes over. So, what has been accomplished by the editors in volume 8 ? Well, since the *Annual Report of the Editors* appears on pages 24-26 of this issue, you might look there to see what we say we have accomplished this year in a formal way . . . Beyond that, though -- beyond the number of pages we put out, and the problems we overcame in doing it -- what sense have we of our year of editing this journal ?

This has been a year of achievement for the editors: a year in which we learned about word-processing and the independence it gives you to produce documents, and about the power that independence gives you to volunteer to do things you might not think you can do, until you try ! Most of the editors of BMC throughout our eight volume history, I suspect, have never done this kind of thing before our time with this journal. Most of us will not continue to do editorial work in the future. Putting out a journal for the members of CHLA/ABSC is a real departure from our daily routines, so that anything we accomplish in this venture gives us a real sense of pride. We are proud of having worked with many of you throughout volume 8 to bring this journal out four times. It is no small feat to bring together even one issue, and to realize at the end of your term that you have done it quarterly gives you a sense of standing on top of your own peculiar Mt. Everest ! Admittedly, it isn't a feeling that will appeal to everybody, and the path to the pinnacle is, as they say, strait and narrow . . . , but let me address myself now to those out there who can understand the sense of accomplishment we have as we pass on the journal to a new team.

This association thrives on volunteerism. If it weren't for people, just like you, who were willing to be elected to office, or to run a conference, or to edit a journal, we wouldn't have the Canadian Health Libraries Association. As we grow, things become a little easier; this year, the association acquired a microcomputer and the necessary software for word-processing. We also acquired a Secretariat and with it, some permanence we didn't have before. It is now, therefore, easier than ever before to accomplish what you set out to do when you volunteer to work with the association. If you have ever thought you might like to edit a journal, but didn't have the necessary support or skills, think about it, seriously, again. Working with the association gives you an opportunity to learn skills you might not acquire in your job, to meet people who won't often walk into your library, and to satisfy desires to which even the most grateful library patron is entirely oblivious !

If you've ever hankered after these things, come forth; we need you; this association grows stronger for your display of commitment and interest. In another six months, they will be looking for someone to become Assistant Editor once again. It really could be you, if you were interested . . . , and you might enjoy it as much as we have !

Tom Flemming
Editor

Lynn Dunikowski
Assistant Editor

LETTER TO THE EDITORS

XXXXXXXXXXXXXXXXXXXX

Dear Editors,

Good News for Canadian Hospital Libraries

In early February, McAinsh and Company Ltd., Toronto, announced their interest in creating a National Shared Database of Health Sciences Serials. The mailing was in the form of a proposal and in their words, the project is in its infancy. As a user of the local Union List of Serials first created by our own Ontario Hospital Association (OHA) Region 9 members, and then taken over by McAinsh, I am very enthusiastic about the idea of an extension of coverage which this database would provide.

All of us in hospital libraries have experienced the increasing costs of interlibrary loans from universities, being outside their network. Universities themselves have a reciprocal maximum charge for all their member libraries of \$3.00 per document, plus 30 cents for each page over ten. I envision a new database, such as the one proposed by McAinsh, as providing the possibility for a hospital libraries interlibrary loan network and with this, a reciprocal agreement to charge one another a low cost per page or per document. The new database, which will also be available in hard copy, will not be a duplicate of the Union List of Serials produced by CISTI. Rather, it will be an extension of the five regional union lists currently produced by McAinsh, plus more to come.

I must say that my enthusiasm for the project is based largely on the economic factor. We are all facing increased budgetary restraints at the same time as the demand for interlibrary loan service also increases. Hospital libraries are coming of age and moving away from . . . [their] traditional dependence . . . on the larger university collections. This proposal would seem to be one more step in the direction of independence -- a step which university libraries will, no doubt, welcome.

Mabel C. Brown, Director
Library Services
Ottawa Civic Hospital

A WORD FROM THE PRESIDENT

Jan Greenwood

Manager of Library Services
Ontario Medical Association
Toronto, Ontario

Welcome to the new Association year of 1987 - 1988. From my perspective, Dorothy Fitzgerald will be a hard act to follow. Under her excellent direction, CHLA has taken some bold initiatives in relation to strategic planning and the establishment of a secretariat and I hope that these will be implemented and consolidated with an equal measure of success during the coming year.

A new year, inevitably, means saying goodbye to old friends and welcoming new ones. Diana Kent and Bonnie Stableford are both retiring from the Board after years of dedicated service and they will be greatly missed. Newly elected are Beverly (Bev) Brown and Catherine Krause-Quinlan who will be serving, respectively, as Secretary and Treasurer. The Board also welcomes Lynn Dunikowski as Editor of *Bibliotheca Medica Canadiana* and Claire Callaghan as Assistant Editor. This BMC marks the end of Tom Flemming's illustrious year as Editor; perhaps he will return soon in the capacity of contributor! It is worth noting that the Board members represent six provinces, from Alberta to Newfoundland, and that the hospital and association sectors are represented, as well as the medical school libraries (sometimes it is forgotten that Dorothy Fitzgerald is the Director of a major teaching hospital library). The democratic process works!

One curious aspect of my having become CHLA President is the strange elevation of status I have received in other spheres. I am becoming quite nonchalant about receiving mail addressed to the President or Chair of the Ontario Medical Association! Let my employers think I am consumed by unbridled ambition, perhaps members could remember to qualify these titles in terms of CHLA and/or the Task Force when writing to me. Please note that I am also readily accessible at a new ENVOY address: J.GREENWOOD.

Those of us who were fortunate enough to attend the 11th Annual Conference in Vancouver were left both elated and wilted by the busy and varied program. It was obvious to all that Nancy Forbes, Conference Chair, and her committee members had done a sterling job of planning, publicizing and organizing this major event which attracted CHLA members from all over the country. The response from Central Canada and points east was particularly heartening, given that many delegates receive little or no funding for professional development. I hope that, in this spirit, you will all make a special effort to be in Halifax for the 12th Annual Conference, 11 - 15 June 1988.

A theme which pervaded the 1987 conference was communication. As we are all constantly reminded, a small association spread across so vast a space as Canada, and dwarfed by an association many times its size (MLA) in the U.S., has to make extraordinary efforts to overcome these difficulties. Many people have helped us

overcome these during the past year: among them, CHLA chapter presidents who responded with alacrity to the Board's initiatives on strategic planning; individual members who took the time to write about hospital library standards; contributors to BMC, and Gerald J. Oppenheimer who is serving his 7th and last year as MLA Liaison to CHLA. Each in his or her own way made a valuable contribution to the sharing process which is continually fostered by the Board and which is exemplified by the winning entry for the first CHLA/ABSC 10th Annual Commemorative Award, submitted by the Manitoba Health Libraries Association, and published elsewhere in this issue of BMC.

1987 - 1988 will be another year for the Association and I ask you to continue to share your ideas, your knowledge, your expertise and your generosity of spirit. Thank you for your faith; your direction will be equally welcome.

* * * * *

QUELQUES MOTS DE LA PRESIDENTE

Jan Greenwood

Responsable des services de bibliothèque
Association médicale de l'Ontario
Toronto (Ontario)

Nous voici au seuil d'une année nouvelle pour l'Association. A mon avis, il ne sera pas facile de prendre la relève après le départ de Dorothy Fitzgerald. Sous son excellente direction, l'ABSC a lancé des initiatives audacieuses concernant la planification stratégique et la création d'un secrétariat, et j'espère que ces initiatives seront mises en oeuvre et renforcées avec le même succès cette année-ci.

Au seuil d'une nouvelle année, il est inévitable que l'on fasse ses adieux à d'anciens amis et que l'on en accueille de nouveaux. Après de longues années de dévouement, Diana Kent et Bonnie Stableford ne siégeront plus au conseil d'administration. Nous regretterons beaucoup leur absence. Les nouveaux membres élus du conseil, Beverly (Bev) Brown et Catherine Krause-Quinlan, rempliront respectivement, les fonctions de secrétaire et de trésorière. Le conseil accueille également Lynn Dunikowski, nouvelle rédactrice de *Bibliotheca Medica Canadiana*, et Claire Callaghan, rédactrice adjointe. Le présent numéro de BMC marque donc la fin du mandat de Tom Flemming, qui a exercé avec l'éclat l'année dernière les fonctions de rédacteur; peut-être voudra-t-il conserver ses liens avec la revue en y contribuant des articles! Il convient de signaler que les membres du conseil représentent six provinces, depuis l'Alberta jusqu'à Terre-Neuve, et qu'ils viennent du secteur des hôpitaux et du secteur des associations, ainsi que des bibliothèques de Faculté de médecine (n'oublions pas que Dorothy Fitzgerald est directrice de la bibliothèque d'un centre hospitalier et universitaire). La démocratie donne de bons résultats!

L'une de retombées curieuses de mes nouvelles fonctions de présidente de l'ABSC est le rang élevé qui m'est accordé dans d'autres sphères. C'est nonchalamment désormais que je reçois du courrier adressé au président de l'Association médicale de

l'Ontario! De peur que mon employeur pense que je suis dévorée d'une ambition démesurée, il serait bon peut-être que les membres de l'Association n'oublient pas de nuancer ces titres en fonction de l'ABSC ou du Groupe de travail quand ils m'écrivent. Veuillez noter également que vous pouvez m'atteindre facilement à une nouvelle adresse du système ENVOY : J.GREENWOOD.

Parmi nous, ceux et celles qui ont pu assister à la 11^e Conférence annuelle, à Vancouver, en sont repartis réjouis, et affaiblis, par le programme chargé et varié. Il était évident à tous et à toutes que Nancy Forbes, présidente de comité préparatoire, et les autres membres de son comité ont merveilleusement planifié, annoncé et organisé cette grande rencontre, qui a attiré des membres de l'ABSC de toutes les régions du Canada. La participation du Centre et de l'Est du Canada a été tout spécialement encourageante, car plusieurs délégués ne disposent pour ainsi dire pas de fonds pour le perfectionnement professionnel. J'espère que, dans cet esprit, vous ferez tous et toutes des efforts spéciaux pour assister à la 12^e Conférence annuelle, qui se tiendra, du 11 au 15 juin 1988, à Halifax.

La communication a été l'un des thèmes qui ont dominé la conférence de 1987. Il nous est souvent rappelé comme une petite association dont les membres sont éparpillés dans un territoire aussi vaste que le nôtre et qu'écrase son homologue aux Etats-Unis (la MLA) doit faire des efforts surhumains pour surmonter ces obstacles. Plusieurs personnes nous ont aidés à relever le défi, durant l'année qui vient de se terminer, dont les présidents des sections régionales de l'ABSC, qui ont réagi avec empressement aux initiatives du conseil dans le domaine de la planification stratégique; des membres qui ont consacré du temps pour rédiger des articles sur les normes des bibliothèques d'hôpitaux; les auteurs d'articles dans BMC; enfin Gerald J. Oppenheimer dont la fonction de responsable de la liaison avec l'ABSC au sein de la MLA s'achèvera cette année, après 7 ans de service. Chacun a apporté, à sa façon, une contribution précieuse à l'échange, que le conseil ne cesse d'encourager. Un exemple de cet esprit est la contribution gagnante de l'Association des bibliothèques de la santé du Manitoba au 10^e concours commémoratif annuel de l'ABSC, qui paraît dans le présent numéro de BMC.

L'année 1987 - 1988 de l'Association vient de commencer et je vous prie de bien vouloir continuer à échanger vos idées, vos connaissances, vos compétences et votre générosité d'esprit. Je vous remercie de votre confiance et vous encourage à me communiquer vos bons conseils.

* * * * *

FROM THE BOARD

PUBLIC RELATIONS LETTER TO HOSPITAL ADMINISTRATORS

The CHLA/ABSC Board believes that the time has come for us to seek ways of enhancing the Association's image and that of the profession in general. As a tentative first step, the letter following (personalized) will be sent later this summer to the Chief Executive Officer in every hospital listed in the Canadian Hospital Directory. As you can see, we are not discriminating between those hospitals which employ CHLA/ABSC members and those which do not, which is why we are giving you advance notice of our intention.

Enclosed with each letter will be a copy of the CHLA/ABSC brochure, now being revised, and a small scratch pad printed with the Association's name and address. The funds which are available to us are limited, and we recognize that miracles cannot be achieved with one mailing to hospitals. Nonetheless, as a first venture, this marketing strategy may have long-term ramifications; unquestionably there are many health professionals who neither know of the Association's existence, nor even understand the role of health librarians, and if we succeed only in increasing dramatically the workload of some of our hospital-based members, we will have achieved something positive!

The publicity screen which was purchased earlier this year, and used to such advantage at the Annual Meeting, might be made available in future for exhibiting CHLA/ABSC at the conferences of other appropriate professional associations. If any member has other ideas for ways in which we might market the Association in future, please share them with Hanna Waluzyniec, who is our Public Relations Director.

[N.B. CHLA/ABSC members will receive in due course a copy of the above mentioned new brochure and scratch pad.]

* * * * *

Draft Public Relations Letter to Hospital Chief Executives

Dear

The Canadian Health Libraries Association is dedicated to improving health and health care by promoting excellence in access to information.

Facing every hospital throughout Canada are information issues made more critical by shrinking budgets. Mandatory quality assurance programs require that hospital-based health professionals become increasingly concerned with their professional development. The proliferation of databases containing information on every aspect of health care, from risk management to the most recent protocols for treatment, can be bewildering to the individual health practitioner. As a result health librarians throughout Canada are involved increasingly in training health professionals to gain access, either directly or through various remote means, to these invaluable databases.

Through CHLA chapter involvement librarians have also established many informal and often unacknowledged networks and participate in co-operative ventures which save Canadian hospitals many thousands of dollars each year. Members of the Canadian Health Libraries Association are involved in myriad activities designed to assist hospitals, large and small, rural and urban, to keep abreast of changes in the field of health librarianship, including information technology and its impact on the health care environment. The impending copyright legislation, for example, has enormous legal implications for Canadian hospitals and will affect radically photocopying procedures; this is just one issue which is currently being addressed by CHLA/ABSC.

If there are health professionals in your hospital who could benefit from a membership in CHLA, or who might be interested in receiving further information, please bring the enclosed brochure to their attention.

Yours sincerely,

Jan Greenwood, B.A., M.L.S.
President, CHLA/ABSC
Hospital Library Consultant,
Ontario Medical Association,
250 Bloor St. E., Suite 600
Toronto, Ontario M4W 3P8

Hanna Waluzyniec, B.A., M.L.S.
Director, CHLA/ABSC Board
Head of Reference Department,
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3655 Drummond St.
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* * * * *

REPORT OF THE CHLA/MLA LIAISON

Jan Greenwood

Manager of Library Services
Ontario Medical Association
Toronto, Ontario

Each year the CHLA/ABSC Vice-president/President-elect is assigned the pleasurable task of serving as Liaison to the Medical Library Association (MLA), a task made especially enjoyable in the past seven years by having Gerald J. Oppenheimer as the MLA counterpart.

Gerry, as he is more affectionately known, is retiring this year from the Health Sciences Library of the University of Washington, and so ends his term as our MLA Liaison. His gentle, good humoured diplomacy has given the CHLA/MLA bilateral agreement a human face and the Canadian presence at MLA has been much enhanced by his efforts. It was, therefore, with mixed feelings that I presented him, at the Annual Conference banquet in Vancouver, with an Honorary Life Membership in CHLA/ABSC, and a pen inscribed: CHLA/MLA LIAISON 1987. (Jean Chong of the Lyndhurst Hospital in Toronto had generously donated her calligraphic skills to the membership certificate). These token gifts of our appreciation were our way of asking him to stay in touch and ensure him of a welcome anytime he should choose to attend a CHLA/ABSC Annual Conference.

In a sense, the role of the CHLA/MLA Liaison is to serve as a public relations officer, promoting communication and understanding among the two associations, and raising the image of Canadian librarians and Canada in the U.S. My job at the MLA Annual Meeting this year was made much easier by the achievement of Joanne Marshall, who was awarded the Medical Library Association Doctoral Fellowship sponsored by the Institute for Scientific Information; since Joanne could not attend the awards ceremony, it was my pleasure to accept the award on her behalf.

The sheer size and complexity of the MLA Annual Meeting can be overwhelming, but it is fertile ground for broadening one's horizons and making new contacts. As CHLA/MLA Liaison, I was particularly pleased to meet Sylvia McWilliams who was Chair of the MLA Task Force on Hospital Library Standards and is now a member of the standing committee. We have agreed to a regular exchange of information on the subject, and it was encouraging to discover that current Canadian efforts in this area are not lacking in comparison with MLA's own endeavours. Similarly, Irene Lovas, Chair of MLA's Task Force on Hospital Library Statistics, generously offered to share their data and provided a copy of their draft survey on the topic. We can look forward to a healthy exchange of ideas in these two areas which are currently of vital importance to hospital libraries.

In spite of the distance from the bulk of CHLA/ABSC members, the Portland meeting attracted a dozen or more Canadians, several of whom kept up the tradition of meeting for dinner at a trendy French (very noisy!) restaurant in downtown Portland. I would particularly like to encourage those members of CHLA/ABSC who have never managed to attend an MLA Annual Meeting to get your feet wet in New Orleans next year!

REPORT FROM THE CHLA/ABSC TASK FORCE ON HOSPITAL LIBRARY STANDARDS

Jan Greenwood, Chair

Manager of Library Services
Ontario Medical Association
Toronto, Ontario

Meeting, 30 April 1987 - 1 May 1987

The Task Force met for the first time at the Ontario Medical Association on 30 April - 1 May, 1987. Following this brief report are terms of reference which were drafted at that time and which should be self-explanatory. Minutes of the meeting have been circulated to all CHLA/ABSC Chapter Presidents, and to selected others, and were accompanied by a package of background materials.

In general terms, the members of the Task Force agreed that:

1. Comprehensive communication between the Task Force and members of CHLA/ABSC is of paramount importance to the success of the Task Force.
2. Endorsement of the revised standards by the Canadian Council on Hospital Accreditation (CCHA) is essential if the standards are to have any real impact on hospital libraries; CCHA has already been contacted by the Chair.
 - 2.1 The revised standards should radically alter the wording of those currently published by CCHA, but should adopt the same format in the hope that they might be incorporated into future editions of the CCHA Guides.
 - 2.2 Such quantitative and other supplements as may be useful to the health library community should be published by CHLA/ABSC.

Publicity

A display on Task Force activities was mounted at the 11th Annual Conference of CHLA/ABSC in Vancouver. Copies of the Terms of Reference, a selective bibliography and schedule of events were all made available and were included in the packages sent to Chapter Presidents. An oral report was also presented at the Annual General Meeting. Four of the five members of the Task Force were at the conference and spent considerable time talking to members of the association about hospital library standards.

The Chair has established contact with Sylvia McWilliams, Chair of the (now disbanded) MLA Task Force on Hospital Library Standards and member of MLA's current Standing Committee on Hospital Library Standards, as well as with Valerie Smith, Chair of the latter committee. A letter has also been sent to the President of ASTED and the Chair has plans to pursue information-gathering in the U.K., following the IFLA meeting in Brighton which she will be attending in August.

Schedule

The Task Force will be meeting again in October to revise the first four CCHA standards on library services. Please ensure that any comments or suggestions pertaining to these are received by the Chair no later than early September. The Task Force members hope to have completed a draft of the revised standards before the 12th Annual Conference of the association which will be held in Halifax on 11-15 June 1988, where the programme will include a session on this topic.

Conclusion

The Chair would like to thank the members of the Task Force for their hard work, and to acknowledge the considerable assistance which has been provided by many members of CHLA/ABSC. The Task Force is also indebted to Susan Eckert, of the OMA Library, for her diligent efforts.

* * * * *

CHLA/ABSC TASK FORCE ON HOSPITAL LIBRARY STANDARDS

TERMS OF REFERENCE

1. Purpose

- 1.1 The CHLA/ABSC Task Force on Hospital Library Standards was appointed by the Board for the purposes of revising the 1975 Canadian Standards for Hospital Libraries.
- 1.2 The Task Force will seek endorsement of the resulting document from the Canadian Council on Hospital Accreditation, and other relevant health bodies as deemed appropriate by its members and the CHLA/ABSC Board of Directors.

2. Composition

- 2.1 Members of the Task Force were selected to represent the CHLA/ABSC Board, Western, Eastern and Central Canada.
- 2.2 The size of membership is restricted by the financial resources available.
- 2.3 The Task Force is at liberty to call upon the expertise of the CHLA/ABSC membership, and individual Task Force members may establish local sub-committees as they require.

3. Communications

The Task Force will communicate with the profession on the subject of hospital library standards by:

- 3.1 A mailing to the entire CHLA/ABSC membership following the 1987 annual conference.
- 3.2 Distribution of a standards package to all CHLA/ABSC Chapter Presidents.
- 3.3 Encouraging CHLA/ABSC Board members to promote the Task Force in their geographical regions.
- 3.4 Publishing a regular column in *Bibliotheca Medica Canadiana*.
- 3.5 Notifying the broader library community of Task Force activities through a variety of publications.
- 3.6 Establishing contact with ASTED, MLA's Committee on Hospital Library Standards and other bodies of expertise as required.
- 3.7 Circulating as widely as possible, and as available, drafts of the revised document for comment.
- 3.8 Reporting to the CHLA/ABSC membership through the conferences of the Association.

4. Functions

- 4.1 To examine and evaluate existing standards documents as possible models for the new Canadian standards.
- 4.2 To develop a set of hospital library standards which will be of use to hospital libraries in Canada, and have application for other small health libraries.
- 4.3 To pursue the possibilities for establishing a continuing and formal line of communication between CHLA/ABSC and the Canadian Council on Hospital Accreditation.
- 4.4 To seek endorsement of appropriate health associations for the revised standards.
- 4.5 To establish a mechanism for regularly revising the standards for hospital libraries in Canada.

* * * * *

Selective Bibliography on Hospital Library Standards

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CHLA/ABSC 10th ANNIVERSARY COMMEMORATIVE AWARD WINNING ENTRY

One of the pleasures of the Board meeting of May 22-23 in Vancouver, was choosing the first recipient of the CHLA/ABSC 10th Anniversary Commemorative Award. The Board would like to thank everyone who entered and is pleased to publish here the winning entry from the Manitoba Health Libraries Association. The announcement of the award and presentation of the cheque for \$500.00 was made to Doris Pritchard, President of the chapter, during the Annual General Meeting of the association on the afternoon of Tuesday, 26 May in Vancouver.

NOMINATION OF THE MANITOBA HEALTH LIBRARIES ASSOCIATION FOR THE CHLA/ABSC 10TH ANNIVERSARY COMMEMORATIVE AWARD

We, the undersigned, wish to nominate the Manitoba Health Libraries Association for this award. The project upon which we wish to focus is the Task Force on Shared Services and the activities which followed as a result. MHLA has accomplished other significant goals in order to fulfill its own mission and that of CHLA, but the Task Force on Shared Services has been the impetus for all subsequent cooperative projects. Considering the size of the membership and the varied background of this chapter's members, the accomplishments resulting from our nominated project merit such recognition as CHLA may bestow upon it.

At the general meeting of MHLA on February 21, 1980 the members heard six reports on the topic "Shared Services -- What is Possible". The individual speakers spoke about audiovisual materials, delivery services, personal care homes, journal co-operation, rural area services, and the function of an area coordinator. At the conclusion of the program, discussion ensued which led to acceptance of the following motion:

That a Task Force be struck by the MHLA Executive to evaluate our discussion on shared services in Manitoba health libraries and to make recommendations on future action to be taken by MHLA with regard to the creation of a formal health library consortium in Manitoba. Guidelines for the Task Force should be prepared by the Executive and a date for the completion of the report should be set by them.

The MHLA Executive appointed a Task Force and prepared guidelines for their instruction. Briefly, the guidelines asked the Task Force to study the needs of health libraries in Manitoba and to identify where cooperation would be possible, how such cooperation could be achieved and how much it would cost.

As a starting point, the Task Force was asked to evaluate the discussion on Shared Services held at the February meeting, with the provision that the group could ignore any of those suggestions which did not seem appropriate to its mission and add

others that might have been missed in the discussion.

The first meeting of the Task Force was held on August 19, 1980. Almost immediately the group eliminated the role of personal care homes and rural hospitals from consideration. The Task Force felt the needs of the existing member institutions should be identified and served first. It seemed logical that if the present members benefited from better cooperation, then other institutions would be more interested in joining our chapter. (Note: It should also be mentioned that the University of Manitoba Medical Library did have an Extension Librarian service to serve rural physicians, and that this service worked through rural hospital library services wherever possible). The committee finally settled on the following areas to be studied as a basis for the Report to the chapter at large:

- * a union book catalogue;
- * cooperative collection development including books, journals, and AV materials;
- * the development of a delivery service between the member institutions; and
- * the possible hiring of a permanent MHLS coordinator to oversee all these co-operative projects, eventually.

Stage one was to conduct a survey of MHLA members about their library activities and needs. While processing the survey, the group identified immediately two needs that could be solved by volunteer effort. The first was the need for a union book catalogue that would list monograph holdings of all the members thereby reducing the search time to determine local availability of requested items. The Task Force decided not to wait but to begin assembling such a catalogue.

At the fall meeting of MHLA, each member library was asked to start submitting a copy of their catalogue cards for each newly acquired monograph. Several libraries did begin doing this immediately.

Two libraries provided a complete list of holdings. With volunteer help, a card file amalgamating main entry cards for several member libraries was assembled at the St. Boniface General Hospital Medical Library. Libraries seeking locations for books could phone at set hours and the St. Boniface staff would check the file. This Union Book Catalogue continues today and now contains the cards representing seven years of member holdings. Additional libraries now contribute as well. In health libraries where current materials are emphasized, this seven year file now represents the largest part of our active collections. The file itself was moved to the University of Manitoba Medical Library when the WHINET project director took over its maintenance. After that project ceased, MHLA hired a member to oversee the catalogue.

The second result of the Task Force survey was the identification of a major weakness among all our member libraries in the [subject] area of hospital administration. This weakness was even more noticeable when the Canadian Hospital Association disbanded its library which had been the best resource from which to borrow administrative materials. This problem was solved when Barbara Greeniaus began her tenure as Director of Library Services at the Health Sciences Centre. She dedicated her efforts to developing a local administrative collection. Later, after being apprised of the situation, a formal agreement was signed which committed the Health Sciences Centre to emphasize health administration materials in its collections.

The need to bring together users of audiovisual materials in order to centralize the information about members' holdings, as well as to coordinate the purchase and rental of audiovisual resources, was identified as another priority by the Task Force. Subsequently, in 1983, MHLA formed an AV interest group to develop the programs and the tools to accomplish these goals. In 1986/87, the efforts of this group bore visible fruit, when a cooperative program for previewing commercially produced material was successfully run among ten member institutions. The AV group arranged to import a group of films at just one preview rate and have them viewed in each member institution for a week. Costs to all members were substantially reduced. Everyone viewed films for much less effort and many of the hospital personnel became aware of MHLA's pioneering work in this area who would not have much contact with the more typical library functions of MHLA members. The AV group is beginning a Union Catalogue for distribution, and it has developed a standard form for reviewing all materials previewed at any time.

Two very important needs identified by the Task Force were also the most expensive. Every member surveyed wished for better delivery service among member libraries. The Task Force studied possible contracts for a service but the costs would have been prohibitive. However, research done for the study paper did reveal many existing means to deliver items between libraries that had not been widely known; therefore, improved delivery resulted although through informal arrangements. No major outcry has been heard in recent years, probably because the members now realize we have an adequate system which operates cheaply and anything more sophisticated would be expensive.

The last recommendation of the Task Force was, in fact, the major recommendation: that MHLA hire a full time professional librarian to act as coordinator of all the cooperative activities of the chapter members. Audrey Kerr and Barbara Greeniaus used the opportunity following the Task Force Report to apply for a grant from the Winnipeg Foundation to begin the Winnipeg Health Information Network Trial Project. WHINET, as it was called, received funding for eighteen months. The key provision of WHINET was the Coordinator's position. Judy Inglis was hired as the librarian to fill this experimental position. During the project's existence, Judy took all the MHLA cooperative projects under her wing. Thus, she edited the Union List of Serials, maintained the Union Book Catalogue, and developed other projects. Among her efforts was the periodic publication called *Recent References*, a series of current awareness lists on such topics as Pharmacology, Geriatrics and Rehabilitation. The lists included only those references available among the member libraries, and each library promoted the lists within its own institution, but all the research and preparation was done by the Coordinator. Interested individuals could receive the *Recent References* directly, but the library was always promoted as the means to retrieving the references listed.

MHLA's WHINET trial users were thrilled with the service. Thus, an *Ad hoc* Committee was struck to seek further funding for the WHINET project. Unfortunately, funding was not found before the original eighteen month grant had been exhausted. However, efforts to find permanent funding continue. Nothing definite can be stated at this time, but it does appear that the service will begin again this fall through the auspices of an independent marketing effort. This will mean that libraries will pay a fee for the centralized services, but the proposed fee, at the time of writing, will be quite reasonable. Institutions not belonging to MHLA will have equal opportunity to subscribe to the service. It seems very likely that this process will

lead to more institutions joining MHLA -- including those rural hospitals and personal care homes originally left out of the service seven years ago.

Another *Ad hoc* Committee has been struck to seek and propose approaches to cooperative buying for all of our members. A first report to the membership of MHLA this February proposed bulk buying of book packages. The membership could not reach an agreement about the contents offered and thus the proposal was rejected. To coordinate our collections would insure wider availability of materials and plans to purchase these economically by our institutions have begun in earnest.

MHLA has achieved many goals to benefit the chapter members and therefore the library clientele it really represents in these efforts. From the submission of its first preliminary report until the present day, the Task Force has identified the desirable goals and has given impetus to all subsequent cooperative projects for MHLA.

The MHLA chapter celebrates its own 10th Anniversary this month at the Manitoba Association of Registered Nurses, the location of its first organizational meeting. It was also the site for most of the meetings of the Task Force on Shared Services, an exemplary MHLA effort worthy of being considered for the CHLA/ABSC 10th Anniversary Award.

Doris Pritchard,
President

Katherine Gaudes,
Secretary

APPENDICES*

1. Task Force on Shared Services. Update -- May 1, 1981.
2. Proposal: A delivery system for health libraries in Winnipeg -- methods and approaches. January, 1981.
3. The Winnipeg Health Information Network Trial. Six month progress report. February, 1984.
4. Recent references in pharmacy 1984 August; 1(4).
5. Progress report on film previewing to: AV Interest Group. [August, 1986].

* Submitted to the Board, but not reproduced here.

MINUTES OF THE ELEVENTH ANNUAL GENERAL MEETING

of the

CANADIAN HEALTH LIBRARIES ASSOCIATION / ASSOCIATION

DES BIBLIOTHEQUES DE LA SANTE DU CANADA

Vancouver, British Columbia, 26 May 1987

1. Call to order at 1:40 p.m.

1 A. Opening Remarks

President Dorothy Fitzgerald opened the meeting by thanking Nancy Forbes (Conference Chairperson) and members of the Conference Committee for organizing an excellent meeting.

One item was added to the agenda:

CHLA 10th Anniversary Commemorative Award

2. President's Report

The President described the year as both busy and challenging. Significant activities of the Association for 1986 - 1987 were outlined as follows:

2.1 Two new chapters were formed:

Central Ontario Health Libraries Association
London Area Health Libraries Association

2.2 The Board provided financial support to the Maritimes and Windsor chapters. Successful CE courses were offered by these chapters.

2.3 The Board reduced operating expenses by combining the usual Fall and Winter Board meetings. One meeting was held in Hamilton in November 1986. Board members also made significantly increased use of electronic mail.

2.4 CHLA Strategic Plan

The Board continued the process of long-range strategic planning for the Association. Position papers for continuing education, membership/public relations, and finances/association business were developed. These were circulated to chapters and comments received. The position papers were revised; these will be distributed to chapters and also published in BMC.

2.5 Association Operations

The Board contracted with Dorothy Davey to provide some office services to the Association. This company updated mailing lists and maintained membership records.

2.6 Flower Report

CHLA worked jointly with ACMC to request that CISTI fund a project to survey the state-of-the-art of Canadian health libraries. The project was funded and Mrs. M.A. (Babs) Flower was contracted.

Dorothy Fitzgerald represented CHLA on the project's steering committee, to provide direction and guidance. The project has resulted in the "Flower Report", officially entitled Libraries without Walls: Blueprint for the Future -- Report of a Survey of Health Sciences Library Collections and Services in Canada.

Recommendations for future developments in health information delivery were made. CHLA will continue to follow-up on recommendations.

2.7 A Task Force on Hospital Library Standards was created, with Jan Greenwood as Chairperson. This Task [sic] will produce draft standards in 1987 - 1988. Input from the members was requested.

2.8 D. Fitzgerald thanked retiring Board members D. Kent, T. Flemming and B. Stableford. New Board members, C. Krause-Quinlan and B. Brown, were introduced and welcomed.

2.9 The President's Report was received for information only.

3. Minutes, 10th Annual General Meeting

3.1 These minutes were distributed to all in attendance at the May 26, 1986 [sic] meeting.

3.2 A correction was made to item 9 -- Honourary Life Membership, to read that this was awarded to C. William Fraser.

3.3 The minutes were accepted as corrected. (MSC: Flemming, Empey).

4. Treasurer's Report

4.1 The Treasurer reviewed the Interim Financial Statement for the period June 1, 1986 -- May 31, 1987. (Appendix I) (MSC: Maes, Stableford).

4.2 W. Maes noted that membership revenue now equals operating expenses. Membership fees were increased and the Montreal conference made a profit of \$14,000.00.

4.3 Sundry expenses include the purchase of a microcomputer, at approximately \$7,800.00. The microcomputer was used for the CISTI project and will be loaned to Board members as required.

4.4 Moved that the Auditor for 1987 - 1988 be changed from Donald N. Charness (Ottawa) to Ken Kimmerly (Toronto). (MSC: Maes, Stableford).

5. Report of the BMC Editor

5.1 Tom Flemming presented a report on behalf of himself and Assistant Editor Lynn Dunikowski. (MSC: Flemming, Stableford).

5.2 The Board has appointed Claire Callaghan, U.W.O. Sciences Library as the new Assistant Editor for 1987 - 1988.

5.3 During 1986 - 1987 BMC was published in four issues rather than five. No reduction in the total number of pages published was made.

5.4 Theme issues will be discontinued, since unsolicited papers on specific topics are received infrequently.

5.5 BMC will continue to publish papers in whichever language received.

5.6 The outgoing editor thanked L. Dunikowski and J. Greenwood for their support and assistance this year.

6. Committee Reports

6.1 1987 CONFERENCE COMMITTEE

Nancy Forbes thanked all members of the Conference Committee for their hard work and cooperation.

6.2 EDUCATION

Diana Kent presented the report on behalf of Ann Barrett.

6.2.1 This was the first year for the position of Education Coordinator [sic].

6.2.2 Activities completed include developing a list of CHLA's CE courses, a roster of CE instructors and a CE column, was published in each issue of BMC.

6.2.3 Chapters were polled to identify local CE requirements. Each chapter was asked to identify a CE liaison person.

6.3 MEMBERSHIP/PUBLIC RELATIONS

H. Waluzyniec reported that much time was spent on researching and developing marketing plans.

6.3.1 A display screen was purchased and will be made available to chapters. It will also be used to promote CHLA at health professional conferences.

6.3.2 Contacts were made with the Canadian Health Records Association. CHRA will publish an article about CHLA.

6.4 NOMINATIONS

D. Kent reported that positions were filled as follows:

William Maes	Vice President/President-Elect
Beverly Brown	Secretary
Catherine Krause-Quinlan	Treasurer

7. Chapter Reports

Brief reports were presented by Chapter Presidents or their representatives. All of these will be published in BMC 9(1).

8. Other Reports

8.1 HSRC ADVISORY COMMITTEE

Donna Dryden reported for Anitra Laycock. CHLA Committee representatives include Donna Dryden, Colin Hoare and new appointee, Deidre Green (Sick Children's Hospital -- Toronto).

8.1.1 The committee met in Ottawa on December 3, 1986. CISTI provided an update on its actions in response to the joint ACMC/CHLA Brief.

8.2 CHLA/MLA LIAISON

8.2.2 J. Greenwood reported that she contacted the Chairpersons of MLA's Task Force on Hospital Library Standards and the Task Force on Hospital Library Statistics. Both groups agreed to share results of their surveys and other activities with CHLA.

8.3 OHLA REPORT

J. Greenwood provided the first report on the newly-formed Ontario Health Libraries Association. The group was granted section status by the Ontario Hospital Association and held its first annual meeting in October 1986. OHLA currently has approximately 200 members and publishes a regular newsletter.

8.4 1988 CONFERENCE

Halifax will host the 1988 CHLA Annual [sic] which will be held at the Citadel Hotel from June 11-15.

8.5 MEMBERSHIP CATEGORIES

W. Maes reported that the Board has approved two new membership categories: Retired members and Institutional members. (MSC: Fitzgerald, Flemming).

8.6 TERMS OF REFERENCE, BOARD MEMBERS

D. Fitzgerald reported that the terms of reference for Board members were reviewed. It was decided that no change was required.

8.7 TASK FORCE ON HOSPITAL LIBRARY STANDARDS

Jan Greenwood thanked members of the Task Force: Verla Empey, Kathy Eagleton, Anitra Laycock and Dorothy Fitzgerald.

8.7.1 One meeting was held and a report was published in BMC.

8.7.2 A first draft will be prepared before the Halifax conference and will be distributed to Chapter Presidents.

8.7.3 The Task Force has established contact with the Canadian Council on Hospital Accreditation, to work towards the incorporation of the revised library standards.

9. Honourary Life Memberships

Gerald J. Oppenheimer, better known as "Gerry", was presented with an Honourary CHLA Life Membership at the CHLA Banquet on May 25, 1987. This award was made in recognition of Gerry's service to CHLA as the MLA Liaison during the past five years. B. Stableford thanked Gerry for his continued support of CHLA and offered best wishes on his upcoming retirement.

10. Other Business

- 10.1 The 10th Anniversary Commemorative Award was presented to the Manitoba Health Libraries Association for their innovative work in developing shared services and establishing the Winnipeg Health Information Network. D. Fitzgerald presented a cheque for \$500.00 to the chapter. Doris Pritchard, MHLA President, accepted the award on behalf of the MHLA.

10.2 1989 CONFERENCE SITE

B. Stableford reported that the Board has accepted the invitation of the Ottawa-Hull Chapter to host the 1989 Conference in Ottawa.

11. Transfer of Chair

- 11.3.1 D. Fitzgerald again thanked Board members for their work and the members at large for their support.
11.3.2 J. Greenwood thanked D. Fitzgerald on behalf of all members for her hard work as President.

The meeting was adjourned at 3:00 p.m.

Respectfully submitted,

B.A. Stableford, Secretary

* * * * *

Appendix I

Canadian Health Libraries Association

Association des bibliothèques de la santé du Canada

INTERIM FINANCIAL STATEMENT

1 June 1986 -- 1 May 1987

Opening balance 1 June 1986	\$19,804.41
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REVENUE

Memberships 1986-1987	16,354.70	
Sales and advertising	1,046.65	
Interest	1,226.25	
Return of 1986 Conference grant	3,500.00	
1986 Conference revenue	14,108.71	
1987 Conference grants	200.00	
Sundry	4,250.00	
		40,686.31

Total funds available	\$60,490.72
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EXPENDITURES

BMC publication and printing	3,689.75	
Travel	3,400.48	
Postage and telephone	340.34	
Membership overpayments	235.00	
Bank charges	12.00	
Translations (President's page)	425.64	
1987 Conference operating grant	3,000.00	
Auditor's report	300.00	
Sundry	7,767.55	
		19,170.76

Closing balance at 1 May 1987	\$41,319.96
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STATEMENT OF ASSETS AT 1 MAY 1987

Bank -- Savings	\$39,654.15
Chequing	1,665.81

\$41,319.96

REPORT OF THE EDITORS OF *Bibliotheca Medica Canadiana*

Volume 8, 1986-1987

Tom Flemming
Editor

Lynn Dunikowski
Assistant Editor

Publication Schedule for volume 8

Volume 8 was the first four-issue volume of *Bibliotheca Medica Canadiana* (BMC) following the Board decision to have the journal become a quarterly early in 1986. The current editorial direction took over responsibility for the publication, as is usual, with the second issue of the volume, and produced the next four issues (volume 8, #2, #3, #4 and volume 9, #1). Although the task of getting the publication out may, thus, appear to have been reduced, the task of finding material to publish was still a major challenge. Volume 7 contained approximately 225 pages in five issues; volume 8 will have (when its index is published in the first issue of volume 9) about 263 pages in four issues. Camera-ready copy was created using WordPerfect software on an IBM machine; it was subsequently sent to McGill University in Montreal for printing, binding and distribution. Details for volume 8 appear below (numbers appearing in parentheses indicate extent of pagination in Roman numerals, or unnumbered, in addition to the numbered pages in each issue):

<u>Issue</u>	<u>Content</u>	<u>Pages</u>	<u>Date of Appearance</u>
#1	Official business; chapter annual reports	50 (2)	early August 1986
#2	Conference papers	60 (4)	late October 1986
#3	Original papers on international co-operation, ethics, collections, serials, etc.	65 (8)	late January 1987
#4	Original papers from OHLA conference	62 (6)	late April 1987
[9(1)]	Index to volume 8	6	late July 1987

Total 263 pages

Theme Issues and the Continuing Problem of Content

The editors abandoned the notion of "theme" issues after discovering that their announcement prior to publication did not result in an influx of unsolicited manuscripts on the announced theme. Very little of the material published in volume 8 was unsolicited; the biggest concern of the editors throughout the volume was the continuing worry: "What am I going to put in the next issue?" Letter writing, electronic messaging and phone calls around the country to solicit material for the next, or for some future issue, occupied a very great amount of the editors' time in volume 8.

The number and quality of papers published attests to the success of this endeavour, but the advance planning required to produce this success takes a great deal of time from the work schedules of the volunteers who do the work, coupled with the volume of copy editing and word-processing that precedes the appearance of every issue, and can only be managed with the most liberal indulgence on the part of their employers. The organized effort to solicit material, and to involve the readership in contributing news items and original papers appears to have made the right impression. As the volume ends, the editors are pleased to note the arrival of several unsolicited original papers and several news items contributed by members of CHLA who are not BMC correspondents.

BMC Policies

In the area of policy, the most noteworthy decision of the year was announced in the editorial in volume 8(3); the November Board meeting had decided that BMC would continue to keep open the option of publication in either of Canada's two official languages. The editors welcomed the finality of the decision and published a new translation of the *Information for Contributors* to encourage submissions in both languages.

The Board instruction of 1986 to pursue the matter of raising advertising revenue by selling space on the covers of each issue remains uninvestigated at the end of this volume. The current editorial direction was not able to find the time to undertake serious investigation of this question and shied away from the problems involved in soliciting advertising copy and money from commercial enterprise.

Important Board Decision

At its November meeting, the Board decided to allocate the sum of \$3,000.00, annually, for the use of the editors of BMC. This money will reduce the burden of the clerical work, which used to fall upon the shoulders of the editor and the staff of his (or her) library, since it will permit them to pay for assistance with the inputting of texts.

Acknowledgements

It is a pleasure to be able to thank Liz Bayley of the McMaster University Health Sciences Library in print for her patient and careful proof-reading of each issue. We

may not have eliminated every conceivable error, but we certainly exercised a greater degree of control over our appearance in print with Liz's assistance than we could have hoped to accomplish without it.

The editor also takes pleasure in thanking Anne Taylor of the McMaster University Health Sciences Library for inputting and word-processing many of the papers which appeared in volume 8. Anne's speedy assistance helped us meet many a deadline.

The editor wishes, finally, to thank Jan Greenwood -- the former editor -- and Lynn Dunikowski -- the Assistant Editor -- for their moral support and practical advice throughout the whole of the volume. Last thanked is not least thanked; their support is gratefully acknowledged because they knew best what support to give and when to offer it!

I have enjoyed my tenure as Editor of BMC. I have learned a great deal about publication, about writing and about dealing with people. I owe a special debt of thanks to my employers and to my staff whose understanding approach to delays and slowdowns in our own work as each issue of BMC neared completion is very greatly appreciated. Together, all those who have worked on BMC this year, or who have written for it, have produced the best journal we were capable of producing.

Now, may the next team take over and do even better for members of the Canadian Health Libraries Association in volume 9!

New Assistant Editor

The Editor recommends to the Board that Claire Callaghan, the Online/Reference/Collections Librarian (Clinical Medicine) of the University of Western Ontario, be appointed to the position of Assistant Editor for the year 1987-1988, to work with Lynn Dunikowski, who becomes Editor with the publication of volume 9(2).

Tom Flemming, Editor, 1986-1987

REPORT OF THE MEMBERSHIP / PUBLIC RELATIONS COMMITTEE 1986 - 1987

Hanna Waluzyniec, Chair

The major effort of this past year has centered on the following issue: do we want more members in CHLA, and if we do, what is the best way to attract them?

To explore this idea further, a Strategic Plan on Public Relations was written in January and submitted to the Board. It appeared that it would be a very good idea indeed to expand our membership so that CHLA could have a more secure financial base.

At this point, the role of the Board member responsible for membership was broadened to include marketing and public relations. In order to attract new members it seemed necessary to make CHLA more visible and the Board decided to invest in an exhibition screen that could be displayed at meetings and conferences. A portable, table-top model, made up of three panels was selected from Expo Systems, Scarborough, Ontario. The cost was \$812.00, plus shipping charges. The screen comes in its own case and can be carried by one person.

A short publicity article about CHLA was submitted to Progress Notes, the newsletter of the Canadian Health Record Association, in the hope that it may interest some medical record librarians who work in hospitals where there is no medical library. Also, quotes were obtained on having some publicity notepads printed. These could then be distributed to target groups to raise the profile of CHLA.

The Committee is continuing to explore other avenues of publicity and marketing and welcomes all suggestions from the membership.

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Now is the time to renew your membership in the Canadian Health Libraries Association/Association des bibliothèques de la santé du Canada if you haven't already done so, as the membership year ends annually on 31 May.

Send your cheque or your queries about membership to the following address:

Canadian Health Libraries Association/ Association des
bibliothèques de la santé du Canada
P.O. Box 434, Station K
Toronto, Ontario
M4P 2G9

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REPORT OF THE CONTINUING EDUCATION COORDINATOR 1986 - 1987

Ann Barrett, CHLA CE Coordinator

1986 - 1987 was the first full year since the disbanding of the Education Committee and the appointment of the Continuing Education Coordinator. A Strategic Plan, Terms of Reference and goals for the new position were submitted to the Board in November 1986.

The success of this new arrangement cannot be completely assessed at this early date; another year will tell more. Considering the potential level of work involved in this position, however, some arrangement to share the workload should be implemented -- something like the Editor/Assistant Editor arrangement for BMC.

Activities

CE Column The CE column was started with the first issue of BMC for 1987. The introductory submissions were written by the Coordinator, but all future submissions will be solicited from members. Dianne Kharouba will be doing the next column [i.e., the column in this issue of the journal] on effective online searching in Toxicology. The following contributor has been approached but has not yet confirmed.

CHLA Roster The latest copy of the CHLA Education Roster has been compiled and circulated to Chapter Presidents.

Introduction to Chapter Presidents Letters of introduction were sent out from the Coordinator to all Chapter Presidents. Included in each package was the first annual CE Chapter Poll and the CHLA CE Roster.

Also included was a request for CE liaison persons. Both the poll and names of liaison persons are due back in July.

Canadian Health Statistics Project The Canadian Health Statistics Project that Nanci Harris (library school student) and Geoffrey Pendrill (of the faculty at SLIS, University of Western Ontario) were working on, was completed and submitted to the Coordinator. A second copy of the report has been submitted to the President.

Initially, the intent of this 1985 project was to have a course outline, handouts, syllabus and contents developed for a workshop. Geoffrey explained that neither he nor his student had enough health expertise to complete the project on that scale, so they concentrated on developing the bibliographic background. The project, as it stands, requires a great deal of work before it is suitable for use by the membership.

To do additional work on the project, I have contacted Fay Hjartarson from the Statistics Canada Library. She seemed quite interested in working on such a project; however, a health librarian with extensive experience should also be involved this time. An appropriate person has not yet been found. Hopefully, a team approach will distribute the work more evenly.

Basic Library Management Jan Greenwood has agreed to commit her *Basic Library Management* course to a series of video tapes. This will, hopefully, be a joint project with the Ontario Medical Association (OMA).

Before formally approaching the OMA, however, we need some idea of the financial commitment CHLA is prepared to make. Costs for the project will involve an honourarium for the presenter, and the technical studio/graphics time (approximately \$30.00 per hour). In total, the project may cost around \$1,000.00 -- \$1,500.00 for three or four tapes (half an hour to three-quarters of an hour each in length). Does the Board feel that this project is valuable enough to pursue at that price? As our first real venture into distance education, this project seems very low risk. The final product will, no doubt, be of very high quality, and it can be easily marketed through the provincial hospital association publications.

Workshop Guide for Chapter Presidents After receiving several questions on how to go about putting on an MLA Workshop, I found a small manual on planning workshops in general began to fall together. Drafts of this manual will be presented to the Board for assessment.

The initial plan was to distribute a copy of the finished product to Chapter Presidents. I am concerned, however, that the content of the manual is too basic for most members and would be of no value to them. How does the Board feel? It would be valuable if a member of the Board who has extensive experience in planning workshops would review and revise the contents of the draft.

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Goals for 1987 - 1988

1. Maintain input into BMC CE Column.
2. Establish liaison members at the Chapter level.
3. Compile the results of the CE Chapter Poll for the Board and for HSRC, and publish them in BMC.
4. Initiate *Basic Library Management* video tape series.
5. Reassess and complete the Canadian Health Statistics project.
6. Complete and distribute the Workshop Guide for Chapter Presidents.

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CONTINUING EDUCATION

MeSH Online

Dianne Kharouba

Acting Head
Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
Ottawa, Ontario

The worn condition of our well-thumbed desk copies of the printed **MeSH Annotated Alphabetic List**, which sometimes threaten to fall apart before the next year's replacements arrive, attests to the usefulness of this printed tool. However, like other printed products of online databases such as **Index Medicus**, the annotated MeSH has its shortcomings. This article will deal with some of the bonus features offered by the online version of MeSH, as opposed to the printed tool.

Currency

The new vocabulary for any coming year is available online before the printed one becomes available; you can access it by entering the command: FILE NEW MESH at some point early each summer. It is from this file that the printed publication is produced. The vocabulary of the previous year is available concurrently online as the "Old MeSH" file.

Neither the annotated list nor **Supplementary Chemical Records** keeps pace with the chemical names being added online. Chemicals which do not appear frequently enough in indexed literature to be given descriptor status (i.e., they are not MH) have had chemical term records created in online MeSH. These chemical term records are added at the rate of about 400 per month, yet **Supplementary Chemical Records** is only published annually. Since they are not MeSH, these 45,429 chemical records (as of 1 June 1987) do not appear in the printed annotated MeSH.

Enhanced Access

One of the big disadvantages of a controlled vocabulary is that one has to find the right descriptor: Greek vs. Latin roots, inverted vs. normal word order, and the like. A lot of time can be spent flipping pages. Moreover, what if the terms we have been given (our entry vocabulary) do not appear in print ?

Expanded entry vocabulary

For the 1987 MeSH, a special machine algorithm created singular versions of plural headings, plural versions of singular headings, direct-order versions of

inverted headings, and inverted-order versions of direct-order headings. These can be searched directly on Medline to retrieve references because a link or cross reference exists to the proper MeSH. They are also searchable in the online MeSH but do not appear in the printed annotated MeSH.

Example: for *Hallermann's Syndrome*, the following combinations now exist:

<i>Hallermann Syndrome</i>	<i>Syndrome, Hallermann</i>
<i>Hallermanns Syndrome</i>	<i>Syndrome, Hallermanns</i>
<i>Hallermann's Syndrome</i>	<i>Syndrome, Hallermann's</i>
<i>Hallermann Syndromes</i>	<i>Syndromes, Hallermann</i>
<i>Hallermanns Syndromes</i>	<i>Syndromes, Hallermanns</i>
<i>Hallermann's Syndromes</i>	<i>Syndromes, Hallermann's</i>

Cross References

There are more SEE references in the online MeSH than in its printed counterpart. This was always the case, even before the expanded vocabulary additions of 1987.

Example: the Backward XRef field (BX) for *Infant, Newborn* in 1986:

BX	Newborns :0:00000000:0000000:770317 (first "0" does not print)
BX	Neonatology :3
BX	Infant, Postmature :2

Online, it has been possible to search under *Newborns* (or *Newborn* since 1987) to retrieve references. This would not have been obvious without consulting the online MeSH file.

Descriptor Entry Version (DE)

This field contains an abbreviation of a descriptor and will print in the annotated MeSH as the "Data Form" (DF). The DE field is searchable online, but Data Forms are not access points in the annotated MeSH.

Example: USER:
 EEG

 PROG:
 SS(1) PSTG (1) - Electroencephalography (MH)

Unfortunately, some of the common disease abbreviations, such as SLE for systemic lupus erythematosus, have not been entered into online MeSH.

Textword Searching

The following fields are textword searchable:

AN	Annotation	TW	
BX	Backward cross reference	*, TW	
EC	Entry combination	TW	
HN	History note	TW	
MH	MeSH heading	*, TW	
MS	MeSH scope note	TW	(* = Directly searchable)
OL	Online note	TW	
PI	Previous indexing	TW	
PM	Public MeSH note	TW	

"Inflammatory bowel disease" cannot be located in the annotated MeSH nor does it appear in the permuted MeSH under any of the component words. If you try a textword search in online MeSH you will find:

(TW) ALL INFLAMM: and BOWEL

PROG :

SS(1) PSTG (7)

SS(2) /C ?

USER :

PRT MH

PROG :

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4

MH - Enterocolitis -----	MS - <u>Inflammation</u> of the intestinal mucosa of the small and large <u>bowel</u> .
	AN - <u>Inflammation</u> of . . . small and large intestines; see also note on ENTERITIS

Additional Information

Scope Notes

Unlike the annotation (AN) which goes into print, the MeSH Scope Note (MS) appears only online. It augments the formal annotation and provides insight into the meaning and scope of the descriptors. Compare two fields from *Bipolar disorder*:

MS -- A major affective disorder marked by severe mood swings (manic or major depressive episodes) and a tendency to remission and recurrence.

AN -- Do not use /drug eff /physiol /rad eff

The Qualifier (i.e., subheading) record brings together in one place the annotation which prints in the alphabetic portion of MeSH and the scope note which prints in the preliminary MeSH pages.

Retrospective Searching

The Backfile Postings field (M##) gives the total postings and the IM postings (shown by *) for each backfile.

Example for *Aspartate Kinase*:

MED 83	POSTINGS 7; *7
MED 80	POSTINGS 11; *9
MED 77	POSTINGS 28; *18
MED 75	POSTINGS 31; *17

The Previous Indexing field (only online) provides details about earlier practices which may not be clear from the History Note (HN) which prints in the annotated MeSH.

Example: Beta-Thromboglobulin
PI - Beta Globulins (66-79)
HN - 87(80); was see under BETA GLOBULINS 1980-86

Chemical Term Records

Space does not permit a comprehensive review of these records and their usefulness for planning a search on Medline as well as on other files.

The searcher of the online MeSH is informed as to when the chemical first appeared and (since 1970) the number of references which will be retrieved. The record gives the MeSH headings under which the references will appear in *Index Medicus*. A Source field (SO) contains journal title/issue information for at least one relevant citation, including the first recorded appearance of the chemical in the indexed literature.

CHAPTER REPORTS

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HEALTH LIBRARIES ASSOCIATION OF BRITISH COLUMBIA (HLABC) ANNUAL REPORT

Ann Nelson, President

In 1986 - 1987 the 52 members of HLABC were kept very busy. Our first priority for the year was the 11th annual CHLA conference which was held in Vancouver, from 24-27 May 1987. Our thanks go out to Nancy Forbes and the Conference Committee who spent many hours organizing it. Other HLABC members contributed ideas, extra time to cover desk schedules for committee members, calligraphic skills and moral support.

Because the conference concentrated on various aspects of library management, we invited guest speakers from the health care field to three of the HLABC meetings. The topics were Occupational Medicine, adolescence today from the B.C. perspective, and Alzheimer's disease. The idea was a great success; the speakers were excellent and we had an opportunity to talk to them informally about their work and their relationships with our libraries. As a result of the talk on Alzheimer's disease, the head of the Alzheimer's clinic at UBC will be working with three Woodward Library reference librarians to produce guides to the literature of Alzheimer's both for her professional staff and for her patients and their families. This information will be kept up-to-date and evaluated.

Our final meeting of the year was a dinner meeting and the Annual General Meeting. We are looking forward to 1987 - 1988 and our new executive:

President	Margaret Price, Woodward Biomedical Library
Vice-president	Jim Henderson, Woodward Biomedical Library
Secretary	Florence Doidge, Woodward Biomedical Library
Treasurer	Judy Neill, British Columbia Medical Library Service.

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CENTRAL ONTARIO HEALTH LIBRARIES ASSOCIATION (COHLA) Annual Report

Betty Bishop, President

1986 - 1987 Executive

President: Betty Bishop
Secretary: Pat Heatley

1986 - 1987 Programmes

May 6, 1987. The Grey Bruce Regional Health Centre.

Our first meeting as a CHLA chapter was well attended by 11 of our 23 members. The guest speaker, Cate Devey, of the Grey Bruce Regional Health Centre, led a half-day assertiveness training workshop. A tour of the new health centre and our business meeting followed. Dorothy Fitzgerald, the President of CHLA, was in attendance and outlined for the group the benefits and responsibilities of CHLA chapter status. In addition, the group agreed to update our Union List of Periodicals first published in the spring of 1986.

We are delighted to have received chapter status and look forward to our continued association with CHLA.

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KINGSTON AREA HEALTH LIBRARIES ASSOCIATION (KAHLA) ANNUAL REPORT

Jane Law, President

During the past year, the Kingston Area Health Libraries Association has met on two occasions: in September 1986, and in April 1987. New executive members of the association were approved by acclamation at the September meeting, and include the following:

President: J. Law, Bracken Library (formerly KGH Library Manager)
President Elect: J. Eikelboom, Bracken Library
Secretary/Treasurer: M. Webster, Bracken Library
Past President: G. Wright (formerly, Bracken Library)

Formal amendments to the constitution were made and included the adoption of the new name of the association, as well as a restructuring of the executive from five members to four, with the merging of the secretary and treasurer positions.

A motion was passed at the spring meeting, 23 April 1987, to extend the current terms of office of the KAHLA executive to two years in length. In addition, KAHLA members will be advising a local health group on developing a proposal for a computer-generated index to the medical and allied health audio visual and software holdings in the area. The annual edition of the Title Guide to Medical Serials will be produced over the summer, and will be available for purchase from St. Lawrence College Library, Kingston.

Plans for the upcoming meeting include a presentation by Babs Flower on the joint ACMC/CHLA project and the resulting report: Libraries Without Walls.

Though the association itself has not been terribly active over the past year, members have been, and the association remains a welcome and supportive forum for the expression of our activities, interests and concerns.

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MANITOBA HEALTH LIBRARIES ASSOCIATION (MHLA) ANNUAL REPORT

Doris Pritchard, President

1986 - 1987 Executive

President:	Doris Pritchard, Neilson Dental Library, University of Manitoba
President-Elect:	Judy Inglis, Medical Library, Deer Lodge Centre
Secretary:	Katherine Gaudes, St. Boniface School of Nursing Library
Treasurer:	Helene Proteau, Medical Library, University of Manitoba

The Manitoba Health Libraries Association has had an active and productive year. The membership approved a proposed revision to the constitution to include a clause on honorary life membership and all committee guidelines were examined. Those that had become outdated were revised, and new copies of the constitution, bylaws and guidelines were sent to the members.

Two standing committees were formally organized in 1986-1987. The AV Interest Group and Current Awareness, which have been in existence for a number of years now, have guidelines which list their membership, duties and responsibilities. For the first time, the AV Interest Group organized a cooperative programme for previewing commercially produced material which was successfully run among ten member institutions. A group of films was imported at one preview rate and each of the ten institutions participating in the project viewed the films for one week.

The Serials Holdings Committee which maintains and updates the membership's serials holdings distributed a new edition of the Union List of Selected Serials in February 1987, and copies may be ordered from the treasurer.

The Manitoba Health Organizations has initiated a change in conference scheduling this year, moving to a once-every-eighteen-month format, rather than the traditional annual conference each spring. The 1986-1987 conference will now be held in October 1987. The theme of the conference is *The Faces of Change*. The MHLA Conference Planning Committee has arranged for a half-day workshop entitled *Coping with Copyright: changing laws, changing technologies*. Professor Denis Marshall of the University of Manitoba Law Library has agreed to develop and conduct this workshop for us.

Our fall meeting -- held at Rock Lake Health Centre, Crystal City, in October-- was the first meeting in a rural area since the fall of 1983. A large number of items was dealt with despite only twelve members being in attendance. The programme was based on a videotape presentation: *Cross Currents*, which was followed by a discussion on public and interpersonal relations in a public service setting.

The winter meeting was hosted by the Medical Library, St. Boniface Hospital, with 20 members in attendance. Dr. Arthur Schafer, Professor of Philosophy at the University of Manitoba, gave a thought provoking lecture on medical ethics. Following

the programme, the members were given a guided tour of the beautiful new Carolyn Sifton Medical Library.

MHLA observed its tenth anniversary year in 1986-1987. Its inaugural meeting was held in October 1976, at the Manitoba Association of Registered Nurses (MARN). Many original members continue to hold membership and those no longer with the Association were invited to attend the anniversary meeting in May, which was also held at MARN. Two retired members were elected to honorary life memberships: Isobel Steedman, who played a dominant role in the organization of the many small health libraries in Manitoba, and in the organization of the MHLA; and Barbara Henwood Fawcett, a founding member, former president, and former CHLA Board member, who sat on many committees, and was chairman of the Union List of Selected Serials from its inception in 1977 until 1981. A social hour was held after the meeting, at which Rena Kroeker, our first president, gave an inspiring toast encouraging the members to continue the commitment of cooperation and caring which has been the hallmark of the Association.

In 1986-1987, a number of *ad hoc* committees were formed to deal with special concerns. Because of the perceived inadequacies of the Canadian Hospital Association's (CHA) present list of activities for which statistics are kept by hospital libraries, the Committee on Management Information Systems was struck; it prepared a statistics form to reflect the activities and workload in hospital libraries. The form will be reviewed after one year of use.

The Task Force on Infohealth was formed in response to the continuing interest in CHA's Infohealth project. It has been asked to prepare a report on the evaluation of the project and its value to health libraries.

Kathy Eagleton, MHLA member on the Task Force on Hospital Library Standards, is chair of the committee established at the annual meeting to work on recommendations in preparation for a fall meeting of the Task Force.

Membership in the Association rose to 71 in 1986-1987, an increase of four members over 1985-1986; there are 34 personal, 1 associate, and 36 institutional members.

The election of the 1987-1988 executive committee has been completed. Judy Inglis will become president, and Susan Rogers was elected by acclamation as President-Elect. Arthur Short was elected Secretary, and Beverly Brown, Treasurer.

In closing my final report as President, I would like to thank the members of the Executive Committee for the fine support they have given me this past year. Our meetings were held in a spirit of good will and cooperation, and the satisfaction I feel at the end of a successful year is mainly to their credit.

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MARITIME HEALTH LIBRARIES ASSOCIATION / ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE DES
MARITIMES (MHLA/ABSM) Annual Report

Christina Toplack, President

On behalf of the membership of MHLA/ABSM, I respectfully submit to the CHLA/ABSC Board the following report of the activities of the organization during the latter half of 1986 and 1987 to date. In the fall of 1986, four main priorities were established and our activities have focused on fulfilling these goals.

First, planning for CHLA '88 in Halifax is well under way. For details on progress in this regard, please refer to the report of the Conference Chair, Ann Manning. I speak for the entire membership when I say we are greatly looking forward to acting as hosts to CHLA/ABSC, and are hard at work planning exciting professional and social programmes.

Secondly, in recognition of the need to increase the visibility of MHLA/ABSM and our members among regional health care institutions, and to enhance the image of health information providers, we are developing promotional materials describing MHLA/ABSM and the types of services provided by our members. These materials include a pamphlet, display materials and letterhead. A logo contest is underway. We have also been successful in making connections with such organizations as the Nova Scotia Association of Health Organizations by publishing articles on MHLA/ABSM activities of interest to their members and invitations to join in their newsletters and bulletins.

Thirdly, expanding our membership base was identified as a priority. Members have been encouraged to copy the membership form and to distribute it to any health information providers in their vicinity. We have sent out "mass" mailings to hospital inservice coordinators in institutions where there is no library. Response has been favourable.

In February 1986, the Nova Scotia Health Libraries Association changed its name to the Maritime Health Libraries Association/Association des Bibliothèques de la Santé des Maritimes, and hence its membership, to include health information providers from Nova Scotia, New Brunswick and Prince Edward Island. To date, our membership consists of the following:

- one member from Prince Edward Island
- one member from Newfoundland
- eight members from New Brunswick
- thirty-three members from Nova Scotia
- five members from other provinces.

These figures reflect a substantial increase in the number of paid members and indicate that our efforts to expand our base have been successful, though we are still endeavouring to reach more people.

A fourth area identified as a real priority is the provision of opportunities for continued learning and improvement of our skills. We have responded to this in several ways. The MHLA/ABSM Bulletin is now a regular quarterly publication, distributed routinely with payment of the \$5.00 membership fee, which we use not only to

disseminate reports of association business, but also as a continuing education forum. Also, our meeting of 3 October 1986 was held in Moncton, New Brunswick, where we were given an in-depth demonstration of the Library Automation System marketed by the Sydney Development Corporation. A review of the system was written by Tim Ruggles, MHLA/ABSM Secretary, and appeared in the December 1986 issue of the MHLA/ABSM Bulletin. We have received many requests for reprints of this review.

In addition, MHLA/ABSM held its first formal continuing education event on 27 March 1987. The topic was *Marketing Special Libraries*, and the speaker was Rya Ben-Shir, Administrative Assistant to the Medical Director and Manager of the Health Science Resource Center, MacNeal Hospital, Berwyn, Illinois. The workshop was a success, professionally and financially, and responded particularly to the expressed need of our hospital librarians for information planning and management strategies to secure support and adequate allocation of resources for their libraries. MHLA/ABSM co-sponsored this workshop with the Nova Scotia Government Libraries Council and the School of Library and Information Studies at Dalhousie University. We will certainly plan similar events in the future since this was such a success (co-sponsorship was a good choice since it prevents one association from being solely responsible, financially). Transcripts of the workshop were distributed to MHLA/ABSM members so that those unable to attend could benefit as well. Funds for this purpose were made available by CHLA/ABSC, for which we are very grateful. We hope that CHLA/ABSC will continue its support of continuing education events at the chapter level.

In conclusion, our efforts during the past year have concentrated on increasing our visibility, and expanding and serving our membership. These seem to be consistent with the recent focus of effort within CHLA/ABSC, as indicated in the Strategic Planning documents currently under consideration by the MHLA/ABSM membership. We are, on the whole, very pleased with the direction that CHLA/ABSC is taking and are particularly encouraged by its commitment to supporting activities at the chapter level.

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MONTREAL HEALTH LIBRARIES ASSOCIATION (MHLA) ANNUAL REPORT

Claire Kelly, President

Past President	Arlene Greenberg
President	Claire Kelly
Vice President	Janet Joyce
Secretary	Joanne Baird
Treasurer	Julia Main

During the past year, MHLA was successful in bringing to fruition the Union List of Serials held by 56 libraries in the Montreal area. Thirty copies have been sold and an update tentatively planned for Spring 1988. Informal reports indicate that this list has been very helpful and is being well-used.

The MHLA Consortium was established in January 1987. Six libraries are members; this allows these libraries to belong to USBE as a single unit and to benefit from low member handling fees for back issues of serials, monographs and government documents.

The first general meeting was held on 27 November 1986. The Annual General Meeting is scheduled for 4 June 1987.

Three executive meetings were held. Membership stands at 52.

New officers for 1987:

Past President	Claire Kelly
President	Janet Joyce
Vice President	Diane Boisvert
Secretary	Joanne Baird
Treasurer	Julia Main

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NORTHERN ALBERTA HEALTH LIBRARIES ASSOCIATION (NAHLA) ANNUAL REPORT

Francine Lapointe, Vice-President

This is our second annual report as an official chapter of the Canadian Health Libraries Association. Our membership, which is taken from the area north of and including Red Deer, has expanded to 23 member libraries. These libraries include hospital, university, government and health-related associations.

We met four times this year and our gatherings were very interesting. Maryon McClary, a librarian who worked in Nicaragua for a year, made a presentation on the situation of libraries in that country. In February, M.A. (Babs) Flower spoke to the group about the ACMC/CHLA project on health sciences library services and collections in Canada. Information on what is happening in Edmonton was passed on to her.

The second edition of our union list of serials was produced in March 1987; copies are available from McAlinsh.

The Annual General Meeting was held in May. The executive for 1987 - 1988 is:

President	Sandra Shores (U. of A.)
Vice-President	Leslie Sutherland (U. of A.)
Secretary	Lloanne Walker (A.A.R.N.)
Treasurer	Julianna Zia (Royal Alexandra School of Nursing)

Francine Lapointe, who was Vice-President/President-Elect for 1986 - 1987 resigned from her position at the Misericordia Hospital and did not feel that it was appropriate for her to become President at this time. Sandra Shores has agreed to serve in this capacity.

In the forthcoming year, our chapter wants to be more involved at the national level by providing feedback on issues such as the strategic planning proposal. At the local level, we plan to focus on some concerns raised by the hospital librarians and, if appropriate, organize a lobbying programme to have them addressed. We are considering the idea of a joint meeting with our Southern Alberta counterparts to discuss some common concerns. All in all, it should be an exciting year.

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TORONTO HEALTH LIBRARIES ASSOCIATION (THLA) Annual Report

Catherine Pepper, President

Executive: Catherine Pepper, President
Mary Boite, President-Elect
Susanne Tabur, Secretary
Leanne Johnson, Treasurer
Beverley Brown, Past President
Rita Shaughnessy, Editor, **THLA News**

Editorial team: Susan Hendricks, Associate Editor
Anne Kubjas, Assistant Editor

General Members' Meetings

There were five general meetings, beginning on 27 October 1986 at Riverdale Hospital, with presentations by speakers from Nurses for Social Responsibility and Library and Information Workers for Peace. This was followed on 8 December with the always popular annual Christmas party at the Ontario Cancer Institute Staff House. The University of Toronto Science and Medicine Library hosted an evening demonstration of CDROM on 2 February 1987, and a Paperchase demonstration was given at Women's College Hospital on 23 March. The annual dinner meeting on 11 May at the Harbour Castle Hotel featured guest speaker Tracey Tremaine-Lloyd, a lawyer who specializes in health disciplines advocacy.

THLA News has published four issues to date, with a fifth scheduled for publication in June 1987.

Special Interest Groups

The Microcomputer Group and the Disability Resource Library Network are still going strong, each with its own series of meetings. The Quality Assurance Group completed its work and has now disbanded.

Projects

Largely through the initiating efforts of Bev Brown, our Past President, THLA co-sponsored with the University of Toronto Faculty of Library and Information Science (FLIS) a one-day workshop on Library Collections and Services in the Health Sciences. THLA members developed and gave presentations to the registrants who were largely, but not exclusively, FLIS students.

The fifth edition of the Toronto Health Libraries Association Union List of Serials came off the press in May 1987. THLA is pleased with the results and very thankful for all the labour of the editor, Eleanor Hayes.

1986 - 1987 was an active year for our 170 members, and we look forward to the next one.

WINDSOR AREA HEALTH LIBRARIANS' ASSOCIATION (WAHLA) Annual Report

T. Janik, Coordinator

A. Henshaw, Secretary-Treasurer

1) The Windsor Area Health Librarians' Association (WAHLA) met as a group twice this year, with the Windsor hospital librarians meeting several times in smaller sessions and conducting conference telephone calls.

2) Conferences: Members continue to report to WAHLA on conferences they have attended. This year, our members attended the OHLA-OHA annual meeting, the quarterly meetings of the Metropolitan Detroit Group, and the London area meetings. One member attended the consultation on Resource Sharing in Ontario sponsored by the National Library of Canada.

3) WAHLA has begun to compile a handbook. It includes institutional policies, interlibrary loan policies, hours of service, collection strengths, and location maps.

4) ILL standards have been drafted and accepted and a form developed for noting errors.

5) Quality Assurance: Sharing of reports and information continues among the membership. An audit of WAHLA interlibrary loans was done in each institution; the findings were compiled and presented to the membership. Corrective action consisted of an Interlibrary Loans workshop.

- 6) Education:
- * WAHLA Interlibrary Loans Workshop
 - * Guest speakers: Jan Greenwood and Dorothy Fitzgerald, on 30 September 1986
 - * MLA CE 112 -- Collection Development -- 5 May 1987
Sponsored by WAHLA. Guest speaker: James Bobick, Associate Director of Libraries, Case Western Reserve University, Cleveland, Ohio.

7) Ongoing projects: The Repository Journal Agreement, Interlibrary Loan Agreement with the Detroit Group and updating Grace and Hotel Dieu's library holdings on OCLC in Michigan. WAHLA union list has been updated and distributed. Forms have been developed for union list updating to improve annual revisions.

8) The WAHLA newsletter continues to keep members informed about conferences, association business and articles of interest.

9) Officers: Both Toni Janik (Coordinator) and Anna Henshaw (Secretary-Treasurer) were returned to their respective offices by acclamation for new two year terms, beginning in September 1987.

10) Chapter News: A fall dinner was held on 30 September 1987. Thelma Hornberger of St. Joseph's Hospital, Chatham, has retired. Janet Charette of Sarnia General Hospital had a beautiful little girl, Renée. Heidi Bahr has returned from a lengthy trip to Switzerland.

AFFILIATED ASSOCIATION REPORT

ONTARIO HOSPITAL LIBRARIES ASSOCIATION (OHLA) ANNUAL REPORT

Margaret Taylor, President

The Ontario Hospital Libraries Association (OHLA) was established at a meeting in Toronto on 5 December 1985 at which representatives from all twelve Ontario Hospital Association regions were in attendance. This meeting was the culmination of months of tremendous effort by a Task Force on the Establishment of an Ontario Hospital Association (OHA) Affiliated Group/Section of Hospital Libraries which was chaired by Jan Greenwood of the Ontario Medical Association (OMA) and included Verla Empey, Susan Hendricks and Carol Morrison. Besides the obvious goal of achieving affiliated or section status within OHA, and thus gaining the visibility and political/financial support given by OHA to other health professional groups, OHLA had other primary goals:

- to promote quality information services in support of patient care within Ontario hospitals;
- to provide continuing education activities for library personnel in small hospitals; and
- to help hospital libraries to meet the accreditation standards laid down by the Canadian Council on Hospital Accreditation.

The executive elected at the December 5th meeting to carry out this mandate were:

Verla Empey - President (Toronto, Wellesley Hospital);

Margaret Taylor - President-Elect (Ottawa, Children's Hospital of Eastern Ontario);

Don Hawryliuk - Treasurer (Sudbury, Sudbury General Hospital);

Linda Hill - Secretary (Exeter, South Huron Hospital).

Jan Greenwood was asked to be Editor of the newsletter and Susan Hendricks agreed to be her assistant.

OHLA's first year was very busy and productive: three issues of the OHLA newsletter - OHLA NEWSLINE - were produced; the membership drive resulted in nearly 200 members; affiliated status was attained with CHLA/ABSC; and OHLA was accepted on

first application to be a section of the OHA. This section status resulted in funding for speakers at the 1987 conference; in partial funding of the newsletter and assistance in distribution of materials to members.

OHLA also held its first annual conference in October 1986 at Women's College Hospital in Toronto on the theme of *Measuring Library Effectiveness*. Over half of the membership attended! Complete texts of some of the papers were published in CHLA/ABSC's *Bibliotheca Medica Canadiana* (see volume 8, number 4), and summaries were also included in the *OHLA NEWSLINE*.

At this annual meeting, the new executive for 1987 was announced: Margaret Taylor became President and Verla Empey became Past-President; Don and Linda stayed in their respective offices; Christie MacMillan (Orillia, Soldiers Memorial Hospital) became President-Elect; Susan Hendricks took over the editorial duties of the *OHLA NEWSLINE* with the help of Janet Charette; and Sue Gillespie (London, University Hospital) became Education Committee Chair. The 1987 executive, with the assistance of Jennifer Bayne from Toronto General Hospital (for conference social events) and John Tagg of the Ontario Hospital Association (OHA Liaison for OHLA), has several issues to consider:

- * a salary survey for health librarians;
- * problems with high costs of interlibrary loans for small hospital libraries;
- * joint OHA/OHLA programme planning;
- * continuing education workshops for remote hospital libraries; and
- * the 1987 conference programme.

The theme for the conference has already been decided: *Management Strategies for Small Libraries*. The second annual OHLA conference will be part of the OHA annual convention in November/December 1987. One day has been reserved for the programme and annual business meeting and another day has been set aside for a course on budgeting.

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Manitoba Health Libraries Association INFOHEALTH TASK FORCE REPORT

29 May 1987

The Infohealth Task Force was established in the fall of 1986 by the Manitoba Health Libraries Association (MHLA). This initiative was taken in response to the development and marketing by the Canadian Hospital Association (CHA) of Infohealth, a nation-wide online information and communications system for hospitals. The system was formally introduced to MHLA at the Manitoba Health Organization's (MHO) spring 1986 conference by Andrew Cameron, CHA's Vice President of Information Systems. At a special session organized by MHLA, Mr. Cameron was given the opportunity to provide details about the new service and to respond to the concerns of an expert panel, as well as those of others in attendance.

The Task Force set out to clarify many of the unanswered questions about Infohealth and to elucidate possible roles for MHLA. An initial meeting of MHLA members experienced in online databases and other electronic information resources identified the primary need for a formal evaluation and report on Infohealth. This document could then be used by members to assist their respective administrations in their own evaluations.

Members of MHLA involved in the evaluation project were:

Michael Tennenhouse (Chair)	Assistant Medical Librarian Medical Library University of Manitoba
Dallas Bagby	Medical Librarian Carolyn Sifton Library St. Boniface General Hospital
Ada M. Ducas	Director, Educational Resources and Library Services Health Sciences Centre
Kathy Eagleton	Director of Library Services Brandon General Hospital

Background

Infohealth is an online information communications system created by the CHA to "provide fast, accurate and versatile communication services . . . to improve the health of all Canadians".¹ It is, essentially, a repackaging of an existing telecommunications service: iNet 2000, developed by Telecom Canada, but containing specific applications of interest to the health care community. A summary of its

¹ Cameron A. *Infohealth helps find answers: editorial*. *Dimensions in Health Service* 1986; 63; 4.

various components is provided (in Appendix I). W.R. Maes has recently reviewed Infohealth in the *Bibliotheca Medica Canadiana*; the Task Force agrees with his evaluation.² The Canadian Medical Association has also undertaken an evaluation of iNet 2000 for use by physicians; many of its conclusions are also relevant and should be consulted.^{3,4} Also worth noting are other studies of the use by untrained users of database services such as BRS Colleague, which is a major component of Infohealth.⁵

Both the MHO and the Manitoba Telephone System have begun marketing the product for CHA. MHO has indicated that they will also help in the selection of equipment. It is being sold as a tool that health care institutions should have. Whether this is the case is the primary purpose of this report.

In addition to the points raised by Maes in his article, previously cited, the following considerations warrant attention.

Ease of Use and Training

From the beginning, Infohealth has been marketed, almost exclusively, to top executive officers of health care institutions. The advertising campaign and promotional literature have promised a breakthrough in communications. It is made to sound very simple. Although the iNet system on which Infohealth is based is menu driven and relatively easy to use, many of the database applications are merely accessed via Infohealth and require familiarity with their own retrieval procedures. For administrators and others who have little or no experience with online communications, it will take considerable time and training to become comfortable with the system and, more importantly, to use it efficiently. The iNet trial of the CMA, and the paper by Kirby, previously cited, have reported many of the difficulties involved. The likely scenario is that the secretarial staff will be asked to assume duties such as printing off news and accessing other information. Library staff (where available) might be asked to do subject searching. There is some training support via toll free telephone assistance and user manuals; however, there is no local "hands-on" training provided.

Financial Control

Presently, financial control is exercised via the granting of codes which give

2 Maes WR. *Infohealth -- to subscribe or not to subscribe*. *Bibliotheca Medica Canadiana* 1987; 8: 120-2.

3 Marshall JG. *The physician in the information age; interim results of the CMA iNet trial*. *Canadian Medical Association Journal* 1985; 133: 1046-8.

4 Marshall JG, Banner S, and Chouinard JL. *Physicians online: final report of the CMA iNet trial*. Toronto: Canadian Medical Association: 1986.

5 Kirby M. *Medline searching on Colleague: reasons for failure or success of untrained end users*. *Medical Reference Services Quarterly* 1986; 5: 17-31.

users access to the system and through the monthly consolidated billings of the master account. Once a code has been granted, a user can access any of the bulletin boards, databases, or services that are available. The initial set-up fee is \$200.00, plus a monthly subscription fee of \$15.00 for the major account (see Appendix II for a comparative summary of costs). Additional accounts are charged \$5.00 per month. These charges only open the door to the system.

Use of specific services incurs additional cost. Basic services such as the Executive Bulletin Board, Association and Professional Bulletin Boards, electronic messaging (iNet 2000 or Envoy 100) cost \$15.00 per hour and \$.005 per day per kilocharacters in storage. Access costs to other databases (BRS Colleague) include various connect time and royalty charges (\$39.00 per hour and up), plus a charge of \$6.00 per hour for telecommunications with Canadian databases, and \$9.00 per hour for telecommunications with U.S. databases. These varying usage costs are invisible to the user during access time, and there is no indication of the cost accrued at the end of the connection. Neither is it apparent to the unfamiliar user which files are CHA files and which are supplied by commercial vendors.

Bulletin Board Updating

The bulletin boards offered have the potential of being a very practical means of communication. A good bulletin board, however, requires regular updating to be useful. Old news is no news. There appears to be little indication that the Infohealth bulletin board receives regular updating. This is, perhaps, a reflection of the number of users on the system who are regularly accessing and contributing information.

Recommendations

MHLA fully endorses the concept of a national health communications system that specifically supports the information needs of Canadian health care institutions. MHLA cannot recommend, however, that institutions subscribe to Infohealth at the present time. The system is not sufficiently developed in its provision of unique or needed information services unavailable elsewhere to justify the extra startup and ongoing costs (see Appendix II). Because the costs of using the system are not completely displayed it will be difficult to control the costs. Neither is there a sufficient level of training support in place (MHLA representatives have indicated willingness to explore with CHA methods to provide local support) to assure the effective use of the service.

An original online Canadian information system would be welcomed by librarians and health administrators across the country. Most databases are developed in the U.S. and the information contained in them is often not entirely applicable to Canada. Because of the complexities (for example, of hospital statistics) significant gaps exist in Canadian health information. The CHA should be encouraged to develop a Canadian health information system and should devote its energies to the creation of original databases which more readily meet the needs of Canadian hospital

administrators. The Manitoba Health Libraries Association would be most willing to cooperate with the CHA in such efforts. Perhaps Infohealth will lead to this development.

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APPENDIX I

In order to evaluate Infohealth properly, demonstration passwords were obtained from the CHA and from the Manitoba Telephone System. Both librarians and administrators accessed the system in October 1986, January 1987, and again in May 1987. The following observations were made as of May 1987:

Executive Services

- Bulletin Board -- contains some CHA news (one and a half months old); has potential for the future.
- Infohealth Newsletter -- contains news and advice from CHA on the use of Infohealth.
- Health News Today -- picked up from The Globe and Mail's Info Globe. Appears to be "as is" from Info Globe. Items not pre-screened for Canadian content and value. Apparently much cheaper to use than via direct subscription to Info Globe.
- Medical Post -- excerpts from the Medical Post. No way to search for specific news items.
- Official Airline Guide -- this is a commercial file which is also available from other vendors. Would have very little use as long as travel agents are available by telephone.
- Marketfax -- stock market prices picked up from Info Globe. Requires index of stock codes for use. Doubtful cost-effective use when institution employs a broker.
- Messaging -- available elsewhere: Envoy 100 or iNet 2000.

Association Services

- contains bulletin board with association news and messaging as in other services.

Professional Services

-- contains bulletin board news from CHA (one and a half months old) and information from the Northeastern Ontario Telehealth Network.

Knowledge Services

The term "knowledge" is used very loosely in this service which is made up of bibliographic and textual databases. Containing mostly references to documents, the database offers no support for obtaining hard copy. Some interface with existing library services is needed.

BRS Colleague -- A user friendly system giving access to many health and medical databases. Menu-driven. Also available from BRS directly. Possibility of cheaper group rate through Infohealth. Despite being user friendly, still requires considerable experience to use efficiently and cost-effectively. Contains full-text of some of the prominent medical journals, but printing out full text would be expensive.

National Library of Medicine (MEDLARS) -- Only available to those who have MEDLARS passwords. Requires training and experience for efficient use.

No other databases available. Great potential for mounting Canadian databases, but would require expensive commitment on the part of CHA or other organizations.

Health Care Services

Not fully developed. As of May 1987, contains:

ECRI Consultant -- Spring 1987 ECRI newsletter. No select or search capability.

CHA Educational Programmes -- listing of CHA home study programmes.

CHA Publications Catalogue -- listing of CHA publications which may be ordered online.

Emergency Care Research Institute (ECRI) -- CHA advertises this as a special component of Infohealth, but this is a service which has been available as a group purchase through MHO for many years. The actual cost to facilities in Manitoba for the current year are less than the price advertised through Infohealth.

iNet 2000

Access to the regular iNet 2000 system and the hundreds of databases to which it connects.

APPENDIX II

Comparative costs of several electronic information systems as of May 1987.

iNet (includes Envoy 100)	Infohealth (includes iNet, BRS Colleague)	Envoy 100	BRS Colleague
\$50.00 startup	\$200.00 startup	\$25.00 startup	\$95.00 U.S. startup
\$3.00 per month	\$15.00 per month	\$3.30 per month	\$15.00 U.S. monthly minimum*
\$15.00 per hour	\$15.00 per hour	\$.35 per 1000 characters	
Varies with database vendor	\$48.00 per hour (BRS Colleague)		\$35.00 U.S. per hour

* applies toward connect hour usage costs

THE CONTRIBUTION OF LIBRARIANSHIP TO MEDICAL ARCHIVES

Carl Spadoni

Archivist

McMaster University Health Sciences Library
Hamilton, Ontario

As a result of the burgeoning commentary in the history of medicine, the publication of medical classics in facsimile, and the appearance of societies and conferences, Dorothy M. Schullian optimistically observed in 1957 that "medical history has indeed come of age everywhere ... particularly in America."¹ It was not until the 1980's that Canadian historians felt equally confident to make a similar claim.² The cliché that medical history is written by doctors, for doctors, and about doctors is a misrepresentation of current research in this field. Health care and medical education and discovery are now studied in the broader context of social history. A number of significant publications of Canadian interest have recently appeared including: Charles G. Roland and Paul Potter's *An Annotated Bibliography of Canadian Medical Periodicals, 1826-1975* (1979); S.E.D. Shortt's collection of essays, *Medicine in Canadian History: Historical Perspectives* (1981); Margaret Dunn and Mary Baldwin's *A Directory of Medical Archives in Ontario* (1983); Roland's anthology *Health, Disease and Medicine: Essays in Canadian History* (1984); the journal, *Canadian Bulletin of Medical History* (1984-), and Roland's *Secondary Sources in the History of Canadian Medicine* (1984).

Although these publications signify a flourishing of scholarly activity, it should be pointed out that medical archives in Canada have not been preserved systematically and there is much need for improvement in this area. History of medicine cannot flourish -- or even survive -- unless it is founded on evidence gleaned from primary sources: bibliographical control and analysis, the availability of literature from the period in question, and relevant archival material.

One would think that the call for the protection of medical archives initially would have been sounded either by physicians, historians, or archivists. Oddly enough, however, librarians were first to recognize the importance of keeping medical papers beyond their clinical and administrative use. This article explores the extent to which librarians have contributed to the preservation and control of medical archives. The literature on the topic written by librarians is examined, and the major holdings in Canadian libraries are surveyed. Work in Canadian archives outside of the library field is briefly referred to, and some of the important issues concerning medical archives are also discussed. A principal argument of the article is that unless medical librarians become cognizant of the current issues and developments in medical archives, they will fail to understand what needs to be preserved for the future and

¹ Schullian DM. *A Decade of Medical Historiography*. *Bulletin of the Medical Library Association* 1957; 45: 290.

² Roberts KB. *Review of Roland's Health, Disease and Medicine: Essays in Canadian Medical History*. *Canadian Bulletin of Medical History* 1985; 2: 128.

the means whereby this can be best accomplished.

American librarians were the first group to discuss the subject of medical archives. As early as 1912, Grace Whiting Myers, librarian of the Treadwell Library at the Massachusetts General Hospital, stated that "the position of librarian and keeper of records is one which is unique and full of interest."³ Writing at a time when hospitals did not uniformly preserve their clinical records, Myers noted that clinical histories are obviously important as a basis of diagnosis and research. But she also regarded these records from the broader perspective of history of medicine. Due to lack of space, the library would probably be unable to become the storehouse of medical records, she admitted. Her view was that the ideal location of the hospital library should be next to the medical records department and that if possible, both areas should be supervised by the librarian. The proximity of the two areas would foster an atmosphere in which theory and fact could be brought together into closer relation and study.

The article by Myers is actually an anomaly. Librarianship and medical record keeping have gone their separate ways in spite of the frequent confusion in public perception of the librarian working in a medical library and the medical record librarian.

The discussion of medical archives was subsequently neglected in library literature until the 1940's. Only at this later date did the topic assume any significance at all, and this was due chiefly to one individual: Gertrude L. Annan of the library of the New York Academy of Medicine. Annan devoted nearly forty years of service to the Academy Library; beginning in 1929 as head of the Rare Book Room, she became chief librarian in 1956, and held this position until her retirement in 1970. During her career, she co-edited the third edition of the *Handbook of Medical Library Practice* (1970), served as president of the Medical Library Association (MLA) in 1961-62, and received from the MLA, in 1968, the Marcia C. Noyes Award for outstanding achievement in medical librarianship.⁴ Her abiding interests were medical bibliography and history of medicine, and her expertise in these areas led one of her colleagues to refer to her, jokingly, as "High Priestess Annan."⁵

Although Annan's many articles focus on the collecting and preservation of rare books, she continually emphasizes the importance of medical archives.

³ Myers GW. *Hospital records in relation to the hospital library*. *Bulletin of the Medical Library Association* 1912; 1: 55.

⁴ Lambert SW, Jr. *Presentation of the Academy plaque to Miss Gertrude L. Annan*. *Bulletin of the New York Academy of Medicine* 1974; 50: 1059-1062 and Keys TE. *Past Presidents I have known*. *Bulletin of the Medical Library Association* 1975; 63: 218-220.

⁵ McDaniel WB., 2nd. *Historical source material of all classes in all types of medical libraries*. *Bulletin of the Medical Library Association* 1951; 39: 9.

Too often correspondence, minutes of medical organizations, documents, diaries, announcements and advertisements of seemingly ephemeral interest have been discarded or relegated to musty attics,

she commented at the close of the Second World War. "It should be the responsibility of both librarian and physician to publicize the necessity of preserving such records and depositing them in the library," she further maintained.⁶ At this early stage, her enthusiasm for collecting medical ephemera sometimes led her to forget the importance of appraisal as an archival function: "No medical man of the past is so obscure, no book, pamphlet, or document so worthless that they merit oblivion."⁷ If literally followed, this idealistic view of collecting documents would result in space problems for any library and important material would become submerged in a sea of trivia.

A doctor who was suitably impressed on visiting the New York Academy Library, echoed Annan's sentiments: "The successful librarian", he wrote, "should have the instincts of the true collector with a deep sense of appreciation of the scientific and cultural influences of the present and the past." Among the objects worthy of collection, he included practically everything of a medical nature: appointment books, prescription blanks, letter heads, rosters of professional societies, and so forth. The library should become the repository of local lore, he contended, even if this meant collecting "apparently trivial material, mementoes often worthless by themselves but of importance in filling in the mosaic which constitutes the pattern of the culture of the day."⁸

A librarian, Betty J. Britt, also writing during the late 1940's, confessed however, that the average librarian was ill-equipped in terms of knowledge and training to handle medical archives. Nevertheless, she herself had read the works of Sir Hilary Jenkinson and Muller, Feith, and Fruin's translated classic, *Manual for the Arrangement and Description of Archives*. From these sources, she understood that archives should not become a curiosity shop but are primarily the inactive vital records of an administrative body. Britt credited Annan's "wise and able" writings for having provided basic information on "classification, special indexing, shelving, moisture control, dusting, and even prevention of theft".⁹

Looking back at her own pioneering efforts at the library of the New York Academy of Medicine, Annan later acknowledged:

⁶ Annan GL. *Medical libraries and medical history*. *Bulletin of the New York Academy of Medicine* 1945; 21: 163.

⁷ Annan, *op. cit.*, p.164. See also Annan GL. *The preservation of historical records and the need of saving ephemera today*. *Special libraries* 1947; 38: 39-44.

⁸ Stecher RM. *Paper salvage in a doctor's wastebasket*. *Bulletin of the Medical Library Association* 1945; 33: 465.

⁹ Britt BJ. *Archives and rare books in the small medical college library*. *Bulletin of the Medical Library Association* 1949; 37: 49-50.

When this library inaugurated its program for cataloguing and arranging its archives, there were no guidelines. All efforts were necessarily amateur. Today there are scholarly books on the subject, trained archivists, and a society of American archivists which publishes its own journal and meets annually.¹⁰

Although Annan is correct in recalling that little attention was placed on medical archives in the 1940's, the acceptance of archival standards was well in advance by that period even when it is taken into account that the major works of T.R. Schellenberg had not yet been published. The *American Archivist*, for example, began publication in 1938. Unlike Britt, Annan gave little indication in her early articles of having perused the growing archival literature. With the advantage of hindsight, it is perhaps unfair to make such a criticism of someone who contributed so much to the development of medical archives.

In 1957, Annan persisted in claiming that "the greatest obligation of any library is to preserve the records of the community."¹¹ In that year, however, she admitted "The care of archives in government and large commercial institutions is no longer the responsibility of the librarian." In spite of this admission, she noted that "most medical institutions, however, do not have vast stores of paper needing the attention of experts in 'Office Records Management.'"¹² Contrary to Annan, in the large modern hospital of the 1980's, record keeping has become an especially complex activity, and in spite of the increasing use of automated procedures, the disposal of paper is a major problem for any hospital. With retention requirements on practically every record that is created, hospitals are becoming more concerned with efficiency in the cycle of record creation and destruction. The earliest articles on medical archives in the *American Archivist* would focus on this problem.¹³

Annan believed that it is the librarian's duty to preserve the core of administrative medical records belonging to the institution. She justified her belief by the fact that the medical librarian is constantly being asked questions on the history of the institution and the activities of its members -- questions which can only be answered by reference to archival material. According to Annan, the chief problems in medical archives are, therefore, to make sure that important material is identified and saved, to house it properly, and to make its contents accessible to

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- 10 Annan GL. *Community medical archives*. *New York State Journal of Medicine*, 1970 March 15; 70: 797. See also Annan GL. *Collecting for the history of medicine*. *Bulletin of the Medical Library Association* 1970; 58: 333.
 - 11 Annan GL. *Outstanding acquisitions of rare books in medical libraries of the United States in the last decade*. *Bulletin of the Medical Library Association* 1957; 45: 294.
 - 12 Annan GL. *Archives in a medical library*. *Bulletin of the Medical Library Association* 1958; 46: 313.
 - 13 Lake V. *Pioneering in the control of medical-clinical case records*. *American Archivist* 1961; 24: 303-307; Gill JF and Thornton WM. *Ohio -- Disposition of medical records in state mental hospitals*. *American Archivist* 1963; 26: 371-378.

researchers. Without a records management programme, she was aware that the job would sometimes cast the librarian in the role of an unmitigated nuisance, poking and prying into the daily affairs of other departments. Her advice with regard to appraisal had matured as a result of her experience. On the one hand, she exuberantly declared, "Let the library be the 'wastebasket' of the organization", but in the next breath, she cautioned: "Saving for the future is a problem troubling all librarians today, for no longer can any institution serve as the pack rat of the community."¹⁴ The weakest area of her discussion concerned arrangement, where she was prone to treat archival documents by type instead of by provenance.

At the end of her career, Annan continued to exhort librarians to take the initiative in encouraging hospital administrators to preserve their vital records for the purpose of archival retention. As a result of Annan's contacts, the Medical Archivists of New York State was established in the 1960's, and meetings on the preservation of hospital records were sponsored by it in cooperation with medical societies.¹⁵ In former years, the New York Academy Library had opened its doors as a haven for the records of various medical societies. Annan regretted that due to space constraints, the role of the Library in the future would have to be confined to encouragement and advice.¹⁶ Gladdened by the emergence of several medical archives in the city of New York, she advocated that centres for medical archives should be established under the direction of professional archivists. During her retirement, she continued to weed various archival collections at the Academy Library, and as a corrective to her youthful enthusiasm for acquiring medical archives, she counselled librarians concerning the need to reduce masses of undigested material to the bare essentials.¹⁷

Among medical librarians, Annan's influence was pervasive. Her contention that the medical librarian's domain includes responsibility for medical archives has not been universally accepted, however.¹⁸ Despite commendable publications such as R.

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- 14 Annan GL. *Archives in a medical library*. *Bulletin of the Medical Library Association* 1958; 46: 314, 319.
- 15 Annan GL. *Archives in the New York Academy Library*. *Academy Bookman* 1966; 19: 6-8. This article is based on a report Annan made to the Society of American Archivists on 19 October 1965.
- 16 Annan GL. *Community medical archives*. *New York State Journal of Medicine* 1970; 70: 797; and Annan GL. *Collecting for the history of medicine*. *Bulletin of the Medical Library Association* 1970; 58: 334. For the current archival policy of the New York Academy of Medicine, see Anne M. Pascarelli. *The New York Academy of Medicine Library: Collection Development Policy*. New York: New York Academy of Medicine: 1982: 32.
- 17 Annan GL. *Medical archives: resources for historians*. *AB Bookman's Weekly* 1974 February 18; 53: 648-649. See also Annan GL. *Community resource and service: the library of the Rhode Island Medical Society*. *Rhode Island Medical Journal* 1976; 59: 97-99, 134, 136.
- 18 See, for example, Crawford H. *Treasure or white elephant?* *Bulletin of the Medical Library Association* 1970; 58: 336-340.

Clarke's *Archive-Library Relations* (1976) which, generally, urge tolerance in approach to archival education, archivists and librarians have continued to wrangle among themselves as to whether librarians have any business taking care of records and private papers. But the question of jurisdiction over archives loses its significance in view of the great neglect suffered by medical archives. For the medical librarian in charge of history of medicine, it is almost inevitable that archival problems will have to be addressed at one point or another. It makes good sense if these problems are resolved in accordance with accepted archival principles.

By the 1960's and 1970's, the methodology of the archival profession was becoming well known to the library community. The distinction between archivists and librarians working in medical archives was not always clear-cut. The blurring of the distinction can be seen in *Watermark: Newsletter of the Association of Librarians in the History of the Health Sciences*. This quarterly newsletter contains news, notes and contributions on both archival and rare-book related subjects. A recent issue (volume 9, number 2, Fall 1985), for example, contains two short articles: one on ephemera and artifacts (pp. 1-2), and the other on Russian public-health posters (p. 9), by Nancy McCall, the assistant archivist of the Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions.

Articles on medical archives, written by librarians or addressed to the library community have continued to appear in medical library periodicals, primarily in the *Bulletin of the Medical Library Association*. These articles usually report on specific archival programmes. An entire issue of *Illinois Libraries* (volume 63, April 1981), for example, contains brief accounts of developments at five different medical archives. Occasionally there are articles, in the spirit of Annan's infectious enthusiasm, which attempt to give direction to librarians intent on archival work. In the late 1960's and early 1970's, Eugenia Kucherenko, who was at one time the librarian and archivist of the Cleveland Medical Library Association, wrote several excellent articles in this vein. Her articles not only itemize the type of archival documents obtained from the University Hospitals of Cleveland, but they also explain the steps which any archivist should take in starting an archival programme.¹⁹ A more recent article by another author discusses the role of an archives in a medical library setting and delineates certain requirements for establishing an archives in terms of physical facilities and storage and for developing a coherent collections policy.²⁰

In the second edition of the *Handbook of Medical Library Practice* (1956), only one paragraph, contained in Annan's chapter on the history of medicine, discusses the nature of medical archives. In the corresponding chapter of the third edition (1970), coverage was extended to two pages and drew heavily from Schellenberg's *Management of Archives* (1965). The shortcoming of this brief account is that it does not deal with

19 Kucherenko E. *Library archives*. *Bulletin of the Cleveland Medical Library Association* 1967; 14: 108; Kucherenko E. *Archives of University Hospitals of Cleveland, Ohio*. *New York State Journal of Medicine* 1972 May 15; 72: 1199-1202; Kucherenko E. *Something old, something new*. *Hospitals* 1973 September 16; 47: 102, 104-105, 120.

20 Sammis SK. *Building an archives in a medical library*. *Bulletin of the American Library Association* 1984; 72: 270-273.

the specific problems of medical archives as distinct from other archives. The projected fourth edition, two volumes of which have recently been published, is scheduled to contain an entire chapter (or at least a major part of a chapter) on the subject.

The only manual on medical archives published in North America to date was issued by the Washington University School of Medicine Library in 1974 under the title, *Archives Procedural Manual*; a revised second edition was published in 1978. In 1961, the Archives Section of the library began to collect papers and memorabilia on the history of the school and its associated medical center, and on the history of medicine in general. A notable example of private papers at Washington University is the main portion of the papers of William Beaumont, the first physician to study digestion and the movements of the stomach *in vivo*.²¹

The *Archives Procedural Manual* of Washington University has been described as "an excellent guide for the management of archival collections".²² Instruction sheets, forms, and flow charts outline step-by-step procedures for staff use and ensure uniformity in archival standards. The *Manual* deals succinctly with a variety of topics: acquiring new material, processing records and private papers, microfilming, developing an oral history programme, and so on. Yet, for all its excellent qualities, the *Manual* is very much an in-house guide, reflecting the specific policies and procedures of the Archives Section of the School of Medicine Library (even the job descriptions of the archivist and the archives library assistant are included). As a general guide to the management of medical archives, the deficiencies of the *Manual* are indeed glaring. There is little or nothing on appraisal, confidentiality, the disposition of clinical records, and records management.²³ One reviewer of the first edition, who complained of the institutional prose of the *Manual*, perceived that the goals of the Archives Section were unduly subordinated to those of the Library. The reviewer concluded: "Archivists must be aware of this volume's limitations as a 'library' manual and a tool for medical archives, but could nonetheless dip into it

21 Beaumont's experiments were carried out on the Canadian, Alexis St. Martin, who sustained a gastric fistula as a result of a gunshot wound. See Pizer IH. *Source materials and the library: the dispersion of the Beaumont papers*. *Bulletin of the Medical Library Association* 1964; 52: 328-36; see also Cassidy PA and Sokol RS, editors. *Index to the Wm. Beaumont, M.D. (1785-1853) Manuscript Collection*. St. Louis, Mo.: Washington University School of Medicine Library: 1968.

22 Pizer IH and Walker WD. *Physical access to resources*, in *Handbook of Medical Library Practice*, 4th edition. Darling L., editor. Chicago: Medical Library Association: 1982: v. 1: 29.

23 The current archivist of the Washington University School of Medicine Library, Paul G. Anderson, has recently remedied the weakness of the *Manual* with respect to appraisal. See his excellent article, *Appraisal of the papers of biomedical scientists and physicians for a medical archives*. *Bulletin of the Medical Library Association* 1985; 73: 338-44.

for ideas."²⁴

In recent years, the greatest contribution of librarianship to medical archives has come from the leadership provided by the History of Medicine Division of the National Library of Medicine. It was not until the 1960's that the programme of the modern manuscripts collection began in earnest under the direction of John B. Blake, the chief of the History of Medicine Division. At the Society of American Archivists' session on scientific records in 1963, Blake spoke of the variety and scope of medical records that interest the historian. He advocated that archivists must play "an active missionary role" in acquiring the papers of the medical man and bioscientist and that guidelines, such as public and professional recognition by honours and position, should be used in determining the importance of prospective papers. In taking this approach, he was laying the groundwork for the systematic programme of acquisition of the History of Medicine Division.²⁵ By 1976, the History of Medicine Division had obtained two hundred and thirty-six new groups of records of individuals and organizations, ranging in size from a few items to accumulations over thirty-five linear feet.²⁶ The current brochure advertising the manuscript collection boasts that over half a million papers of a diverse nature have been collected.²⁷ Peter D. Olch, who became deputy chief of the History of Medicine Division in 1966, administered a wide-scale oral history programme until 1975 when the National Library's Board of Regents decided to limit the programme to oral histories that would supplement records or papers already at the Division.²⁸ As librarians and archivists in the United States became aware of the Division's active role in acquisition, the Division was called upon to provide assistance and advice.

Unfortunately, there is no library in Canada that offers this kind of leadership with respect to medical archives. With a few notable exceptions, the record of Canadian libraries in this area is disappointing. There is nothing in Canadian library literature on this topic. Geoffrey R. Pendrill's amusing definition that archives are an "incantation to ward off evil spirits, muttered by filing clerks in

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- 24 Craig BL. *Review of Archives Procedural Manual*. *Archivaria* 1976-1977 Winter; 3: 137.
 - 25 Blake JB. *Medical records and history*. *American Archivist* 1964; 27: 229-235; see also, Blake JB. *Books, libraries, and medical history*. *JAMA* 1964, 20 April; 188: 263.
 - 26 Miles WD. *A History of the National Library of Medicine: The Nation's Treasury of Medical Knowledge*. Bethesda, Maryland: National Library of Medicine, 1982: 459-462. I am grateful to Gregg D. Kimball of the History of Medicine Division for supplying me with a copy of Manfred J. Wasserman's unpublished report: *The HMD Modern Manuscript Program*. July, 1985.
 - 27 *The Manuscripts Collection of the National Library of Medicine: An Appeal for the Preservation of Private Papers*. DHEW Publication No. (NIH) 76-997.
 - 28 Olch PD. *Oral history and the medical librarian*. *Bulletin of the Medical Library Association* 1969; 57: 1-9; Wasserman MJ. *Manuscripts and oral history: common interests and problems in the history of medicine*. *Bulletin of the Medical Library Association* 1970; 58: 173-6.

catalogue departments" has a measure of truth.²⁹ In the discussion that follows, the major holdings of medical archives in Canadian libraries will be highlighted.

As a rule of thumb, when a university has a medical school, the respective medical library has taken care of archives, or has contemplated doing so at one time or another. But, by and large, history of medicine in Canadian libraries is conceived in the traditional mold of book collections. The Hannah Institute for the History of Medicine, which sponsors programmes in history of medicine at five Ontario universities, annually allocates a fixed sum of money to the medical library of each participating university for the purchase of relevant books and journals. Although the Hannah Institute funded the compilation and publication of *A Directory of Medical Archives in Ontario* and assisted in preparing and assembling a cross-country exhibit on Canadian medical archives, the Institute has been reluctant to subsidize ongoing archival ventures.³⁰ In certain cases, such as at Queen's University, the library has intentionally abdicated its responsibility to collect archival material, and an archives, outside the library administration (run by professional archivists) has assumed the responsibility. Only a few years ago, the W.K. Kellogg Health Sciences Library at Dalhousie University transferred the archives of the Medical Society of Nova Scotia and some other smaller groupings of private papers to the Provincial Archives of Nova Scotia. The Kellogg Library is represented on the Nova Scotia Conjoint Medical Archives Committee, whose main purpose is the preservation of materials in the history of medicine.

The Osler Library at McGill, famed for the *Bibliotheca Osleriana*, is by far the best-known Canadian library having medical archives. The majority of manuscripts in the *Bibliotheca Osleriana* are listed and described in section VIII, although Sir William Osler placed manuscripts he deemed important elsewhere in the catalogue. Dating as early as 700 BC, the manuscripts comprise various types of documents, such as diaries, case reports, and lecture notes, reflecting the expansive scope of Osler's interest in the history of medicine. In addition to the rich collection assembled by Osler, the *Bibliotheca Osleriana* lists the large collection of Oriental manuscripts donated to the Osler Library by Dr. Casey A. Wood in 1927. The private papers of Osler are, of course, a treasure unto themselves. The Osler Library has subsequently acquired other papers and special collections, notably those of Norman Bethune, W.H. Drummond, H.W. Cushing, Giorgio Baglivi, John McCrae, and Thomas Archibald Malloch.³¹ Interestingly enough, the McGill University Archives also houses important medical archives.

29 Pendrill GR. *Some little-known features of the oral tradition among the medical library profession*. *Bibliotheca Medica Canadiana* 1979; 1: 96.

30 Paterson GR. *The Hannah Institute: promoting Canadian history of medicine*. *Canadian Medical Association Journal* 1983, 1 June; 128: 1325-8. Also, *Canadian Medical Archives: A Selection of Archival Material Relating to the History of Medicine in Canada*. Ottawa: s.n., 1980.

31 Caya M., editor, et al. *Guide to Archival Sources at McGill University*, vol. 2: *Private Papers Held at McGill University (Part I)*. Montreal: McGill University Archives: 1983: 113-158; see also Wallis F. *The Osler Library: a collection and a context*. *Bibliotheca Medica Canadiana* 1986; 8: 62-70.

At the University of Toronto, medical archives can be found in several libraries. The Thomas Fisher Rare Book Library has the papers of Sir Frederick Banting, the records of the Associated Medical Services, Inc., and the W.E. Blatz collection of historical materials relating to the Institute of Child Study and its associated schools, as well as smaller manuscript collections. The University of Toronto Archives, which currently reports administratively to the Fisher Library but is staffed by professional archivists, has a large assortment of private papers and records, most of which relate to Toronto's Faculty of Medicine. To a much lesser extent, the Victoria University Archives, located in the E.J. Pratt Library, has some records of the Victoria Medical School and related material.

Medical archives at the University of Western Ontario are held in the Regional Collection and the Rare Books and Special Collections of the D.B. Weldon Library and in the Sciences Library. The Rare Books and Special Collections contains one important medical collection, namely that of R.M. Bucke (although Bucke material is also found in the Regional Collection). The Superintendent of the London Asylum around the turn of the century, Bucke was the author of several books on mysticism and was the literary executor of Walt Whitman. The splendid published catalogue of the Bucke collection not only classifies and describes the various documents, but also serves as a bio-bibliographical guide.³² The Regional Collection houses numerous medical manuscript collections and minutes and annual reports of Boards of Health in the vicinity of London. The records of Western's Faculty of Medicine are apparently shelved in a separate section of the Sciences Library stacks. These Faculty records were inaccessible a few years ago. Several students at Western's School of Library and Information Science, who were completing a seminar course on records management, wrote a critical report on the status of the Faculty records.³³

There are at least two other Canadian university libraries that are worth mentioning for their holdings in medical archives. The Woodward Biomedical Library at the University of British Columbia has a number of small but interesting groups of manuscripts and private papers. These include material on the physiologists Sir Charles Sherrington, J.S. Haldane, and Otto Kestner, the Robert Edward McKechnie collection on medical education, and so on.

A new but challenging programme for medical archives has recently started at the Health Sciences Library of McMaster University. Although the programme actually started in 1974 with the intention of collecting archival material that reflected the innovative philosophy of the newly founded medical school, the programme recommenced in 1985 with a broader mandate to collect archives originating from McMaster's Faculty

³² Jameson MA, editor. *Richard Maurice Bucke: A Catalogue Based upon the Collections of the University of Western Ontario Libraries*. London, Ontario: the University of Western Ontario Libraries: 1978. See also *Richard Maurice Bucke: Catalogue to the Exhibition*, Canadian Medical Association and Canadian Psychiatric Association Annual Meetings, June 10-14, 1963. Toronto: University of Toronto Press: 1963.

³³ Carey L. et al. *Records management report for the Department of Medicine, University of Western Ontario*. [Unpublished paper written in partial fulfillment of the requirements for a seminar in records management, SLIS, the University of Western Ontario, April 19, 1983].

of Health Sciences, the affiliated teaching Chedoke-McMaster Hospital, and other health-care agencies in the Hamilton area.³⁴

A few Canadian public libraries that have developed special collections also house medical archives. These archives usually consist of interesting material of a local character: minutes of municipal Boards of Health, papers of pioneering physicians in the community, and so on. Notable among these are the public libraries at London, Ottawa, and Hamilton, and the Baldwin Room of the Metropolitan Toronto Library. Hamilton Public Library, for example, has both microform and original material from the physicians, William Case, William Craigie and Annie Davis, and the partial records of two pharmacies.

Academies of medicine often have libraries that contain original documentation pertaining to the founding of an academy and its activity. The William Boyd Library at the Toronto Academy of Medicine has material not only of this kind but also has an extensive collection of other types of records and papers such as the records of the Ontario Medical Library Association and the papers of James Harris McPhedran and Joseph Workman.³⁵ In this respect, the libraries of professional medical organizations, such as the Canadian Hospital Association, the Canadian Nurses Association, and the Royal College of Physicians and Surgeons of Canada are worth mentioning.³⁶ An interesting project currently underway concerns the Griffin-Greenland collection on the history of Canadian psychiatry. This important collection, which is located at the Queen Street Mental Health Centre in Toronto, includes among other things the records of the Canadian Mental Health Association during the directorships of Drs. Clarence Hincks and John Griffin. Staffed by two librarians and an archivist and funded by the Social Sciences and Humanities Research Council of Canada, the project will entail the preparation of a guide and an index which will be reproduced on microfiche.³⁷

In Canadian hospitals, "archives, where they exist at all, survive on sufferance, the special project of an interested official or a retired staff member."³⁸ Scrapbooks, photographs, and artifacts are sent to the archives because of their

34 Spadoni C. *Medical archives at McMaster*. *ACA Bulletin* 1986; 10: 25-6.

35 Godfrey CM. *The History of Medicine Museum Academy of Medicine*. *Ontario Medical Review* 1965; 32: 868-71.

36 See *The Royal College and Physicians of Canada: Library and Archival Holdings in the Roddick Room*. Ottawa: s.n.: 1978.

37 *Griffin-Greenland Collection on history of mental health in Canada*. *TAAG Newsletter* 1986; 13: 8; *Griffin-Greenland Archives Newsletter* 1986; 1.

38 Craig BL. *Review of A Directory of Medical Archives in Ontario*. *Canadian Bulletin of Medical History* 1984; 1: 106. A typical short-term project to organize a hospital archives was recently undertaken by the Medical Library of St. Mary's General Hospital in Kitchener. See King C. *Searching for St. Mary's roots* [letter to the editor]. *The Hamilton Spectator* 1986, 10 June; 10.

antiquarian appeal; however, institutional records are rarely considered to be of permanent value. The contribution of hospital libraries to the development of Canadian medical archives has consequently been minor. Hospital administrators turn to the library to take care of archives because no other department within the hospital can readily deal with such material. But, at most, hospital libraries act in a purely custodial way and do not seek to collect archives. At the Queen Elizabeth Hospital in Toronto, for example, the archives are stored in a "heritage room", close to the Library. Although the librarian was approached to organize the hospital's archives, she felt that she did not possess the required expertise and a contract archivist was hired to complete the job.

In 1979-80 the Association of Canadian Archivists (ACA) conducted a survey of record retention practices at 740 Canadian hospitals. Of the hospitals that responded to the survey (an impressive 87 per cent), only 20 per cent claimed to have an archives and slightly more than half of this group reported having a hospital-wide policy on record retention.³⁹ Unfortunately, in Canadian hospitals, there appears to be no direct correlation of records management with archives. One positive aspect of this survey was the publication of a series of three short excellent articles issued in cooperation with the Canadian Hospital Association.⁴⁰ These articles can be profitably read by anyone contemplating work on medical archives.

It has only been in the last fifteen to twenty years that professional archivists in Canada have focused on the need to preserve archives relating to medical history and health care. As part of their mandate, federal and provincial archives regularly acquire records in this area originating from relevant government departments. But the situation varies considerably with respect to record groups and papers outside government proper. The Manuscript Division of the Public Archives of Canada began a systematic programme to acquire medical archives of national significance in 1970. Although the Manuscript Division has acquired important material such as the records of the Canadian Medical Association, the Division's mandate explicitly excludes hospital archives and the records of university medical faculties.⁴¹ At the Archives of Ontario, the Provincial Archives of Nova Scotia, and the Saskatchewan Archives Board, the acquisition of medical archives is a priority. At other provincial archives, the approach is either passive, responsive to individual cases, or consciously neglectful. The Provincial Archives of New Brunswick, for example,

39 Craig B. *The Canadian hospital in history and archives*. *Archivaria* 1985-86, Winter; no. 21: 52-67.

40 Moulds H. *Hospital archives: necessity or frill?* *Dimensions in Health Service* 1982; 59: 38-40; Burkinshaw S. *A look at Kingston General Hospital's archives*. *Dimensions in Health Service* 1982; 59: 20-1; MacLeod R. *Waiting for the archivist: techniques for novices*. *Dimensions in Health Service* 1982; 59: 28-31.

41 MacKinnon C. *Post-Confederation medical sources in the Manuscript Division*. *Archivist* 1985; 12: 10-11.

pursues all leads in relation to medical records and has acquired a fairly extensive collection. Their experience with respect to hospital archives, however, has proven to be irksome, involving legal questions as to ownership of records and custody.

The tenth issue of the ACA's journal, *Archivaria*, in 1980 marked the first major publication on the relationship of archives to the history of medicine in a Canadian context. Two years earlier at a conference on the study of the history of science and technology in Canada, the conference participants lamented the cursory way in which original scientific documents are destroyed with little regard as to their cultural and historical value.⁴² The archival tool, *A Directory of Medical Archives in Ontario*, gives one the false impression of permanence, that at least in medicine and the health sciences, there is a vast storehouse of original material. Indeed such material does exist in established repositories to a certain extent, but elsewhere medical archives are "unprotected, vulnerable and easy victims to willful or disinterested destruction."⁴³

There are some signs of hope. Britain has taken the lead in passing legislation to preserve hospital records on a systematic basis, and this message of urgency has crossed the Atlantic to be heard by Canadian archivists.⁴⁴ A graduate of the Master of Archival Studies Program at the University of British Columbia (jointly administered by the School of Library, Archival and Information Studies and the Department of History) has recently finished a splendid thesis on the archival importance of hospital records.⁴⁵

In a fit of nationalistic fervour, Canadian libraries in the last twenty years have chased after literary papers in what has been referred to as the great "CanLit hunt". Mordecai Richler was so pleasantly bewildered by this phenomenon that he promptly sold his papers, and with hilarious effect he even used this sequence of events as an integral part of his novel, *Joshua Then and Now*.⁴⁶ Such nationalism on the part of Canadian libraries has not been extended to scientific papers. The current situation is sadly almost the reverse: an unwritten policy of disinterest, sometimes verging on ignorance and disdain. Librarianship is still in need of

⁴² Garner J. *History of Canadian science and technology not well organized*. Canadian Medical Association Journal 1978; 119: 1446, 1451.

⁴³ Craig B. *Review of A Directory of Medical Archives in Ontario*. Canadian Bulletin of Medical History 1984; 1: 106.

⁴⁴ *Hospital Clinical Records: Proceedings*. London: King's Fund Centre: 1985; Craig B. *The Canadian hospital in history and archives*. *Archivaria* 1985-86; no. 21: 52-67.

⁴⁵ Keirstead R. *An archival investigation of hospital records*. University of British Columbia: M.A. thesis: 1985.

⁴⁶ Richler M. *Home is where you hang yourself, in Home Sweet Home: My Canadian Album*. New York: Knopf: 1984: 3-9.

individuals like Gertrude L. Annan who can remind the profession that medical libraries need to preserve the precious heritage of the past, that archives need to be preserved as much as rare books. It is only in this way that history of medicine can come of age in Canada.

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NEWS AND NOTES

CCOHS AND NIOSH AGREE TO COLLABORATE

The Canadian Centre for Occupational Health and Safety (CCOHS), located in Hamilton, Ontario, and the U.S. National Institute for Occupational Safety and Health (NIOSH) have agreed to swap databases in an attempt to improve public access to electronic information on occupational safety and health in Canada and the United States.

The agreement, which was signed early this spring, allows the CCOHS to include three major NIOSH databases in its national online computerized information system, CCINFO, and on its newly-developed CDROM subscription information service, CCINFODisc. The databases are the Registry of Toxic Effects of Chemical Substances (RTECS), the Document Inventory Directory System (DIDS), and NIOSHTIC, a bibliographic database which contains information about the harmful effects of many substances. In return, CCOHS will provide NIOSH with its own databases and video information packages.

The CCOHS is putting a great deal of effort into the marketing of its silvery metal disc CDROM information service, seeing this as a prime tool in the wider dissemination of its computerized occupational safety and health databases. It is easier to use and less expensive, in the long run, than the online system. In the near future, the CCINFODisc subscription service will branch into two discs: series A will be devoted to workplace chemical information, while series B will deal with all other occupational safety and health topics.

Further information on CCOHS and its services may be obtained by calling the following toll free number: 1-800-263-8276, or by writing to:

Canadian Centre for Occupational Health and Safety
250 Main Street East
Hamilton, Ontario L8N 1H6

Canadian Periodical Index EXPANDS TO INCLUDE MORE HEALTH PERIODICALS

New life has been breathed into the venerable Canadian Periodical Index (CPI) with its takeover from the Canadian Library Association by Info Globe, the electronic publishing division of The Globe and Mail newspaper. The takeover occurred in December 1986, and only five months later, the CPI has expanded its print format and has appeared in a new electronic format as well.

Health sciences librarians will be pleased to see that CPI now provides extensive coverage of Canadian health issues and information. As of May 1987, CPI includes 33 specific Canadian health journals in its coverage list. Among the health titles now covered are: Canada's Mental Health, Canadian Doctor, Canadian Family Physician,

Canadian Medical Association Journal, Dimensions in Health Service, Health Management Forum, Journal of Palliative Care, Occupational Health and Safety Canada, Perspectives in Geriatrics, and Rehabilitation Digest. In addition to these and other health care specific publications, CPI provides access to printed information on health care issues in Canada through its coverage of publishing in areas such as business, government and social questions and its coverage of general interest Canadian journals. If your patrons want the Canadian perspective on any health care issue, CPI is bound to tell you where to find it!

While CPI continues to be published in print format, Info Globe has introduced an online edition of the index -- available as part of Info Globe's News Package-- enabling instant access to citations back to 1977. The online edition of the index is marketed in conjunction with the online edition of *The Globe and Mail*, making it easy to search through Canada's "national newspaper" for additional health-related citations in a quick second search. The online version offers easy-to-use menus as well as a command-driven approach for the experienced searcher. A CDROM version of both *The Globe and Mail* and the CPI is being developed and will soon be available. To get more information, a free sample copy of the CPI, or to subscribe, call (416) 585-5250, or write to:

Info Globe
The Globe and Mail
444 Front Street West
Toronto, Ontario M5V 2S9

* * * * *

CE COURSE ON A SHOESTRING

A. Henshaw, Librarian

T. Janik, Librarian

S.A. Grace Hospital
Windsor, Ontario

Hotel Dieu Hospital
Windsor, Ontario

The Windsor Area Health Librarians Association (WAHLA) decided to sponsor an MLA Continuing Education (CE) course in Windsor in order to fill an educational need in the library community and, also, to see if a small group could do this successfully.

Two of the librarians -- Toni Janik of the Hotel Dieu Hospital, and Anna Henshaw of the Grace Hospital -- felt they could handle this project. One would deal with the speaker, vendors for displays, donations, the site for the workshop and luncheon arrangements. The other would create publicity, send out information flyers, and deal with receipts and registration. This worked very well. Others in the group were called upon to solicit donations of money and products, and to help elsewhere, as needed.

In October 1986, a list of CE courses and instructors was obtained from the MLA in Chicago, and the course *Collection Development* was chosen by a survey. Unfortunately, no Canadian names appeared on the list received from the CHLA CE

Coordinator -- Ann Barrett -- to teach collection development. Mr. James Bobick of Case Western Reserve University was contacted in the fall. We wrote to inquire whether he was available on any of several dates we supplied in the spring of 1987. As well, we inquired about his fees, transportation and accommodation charges.

Upon receipt of his agreement to conduct the course, we appraised prospective sites for location, costs, and meeting rooms, and reserved one for May 1987. Based on our expectation of 24 attendees, we calculated a charge which would encompass the costs of the speaker, syllabi from the MLA, and those of the workshop site, which included the room, coffee and lunch. Once these arrangements were made, programme information and registration forms were printed and sent out in January 1987 to members of the Metropolitan Detroit Medical Library Group (MDMLG) in Michigan and to members of the Ontario Hospital Libraries Association (OHLA) in Ontario, among others. A deadline for registration ten weeks after mailing was set so that the course could be cancelled if not enough participants were available.

The organizers were now free to get publicity from the city Convention Bureau, and to arrange displays, and donations from drug companies, a bindery and a book distributor. A maximum of 30 participants was anticipated, and 27 actually registered. This allowed us to proceed with purchasing the syllabi and to confirm the speaker and workshop site. Participants from out of town were sent an accommodation list and detailed maps of the area.

The night before the conference, the committee checked the site for final arrangements for participants and for the terminal and book display from McAinsh Co. of Toronto, and once again, confirmed the speaker's accommodation.

On the day of the conference, all that was necessary was to register the participants and to give them their packets and syllabi.

The workshop went well; the speaker was excellent, and all the participants seemed to have come away with new and useful information.

If you approach it in an organized fashion, there isn't a great deal of work to do to sponsor a workshop. We proved it could be done by two people on a budgetary "shoestring". We've come out in the black and are already in the planning stages for *CE 310 Drug and pharmaceutical information resources*, to be held on 22 April 1988.

STEPS TO CE COURSE

1. Survey the local group for courses of interest.
2. Request the course and instructor lists from MLA and CHLA.
3. Choose course and speaker.
4. Write to chosen instructor outlining choice of dates, requesting information on his/her fee, travel expenses, accommodation and meal expectations.
5. After reply from the speaker, confirming date, appraise sites and book for date confirmed. Consider cost of room, coffee, lunches; a down payment will be needed.
6. Print registration form, giving all details of course, speaker, date and time, organizers, including application and small map. Give deadline date for registration and maximum number to be accommodated.

7. Send form out in area and to various groups to draw participants (for example, WAHLA, MDMLG, OHLA, CHLA).
8. Send advertising information to be published in association newsletters such as OHIA Newslite, Bibliotheca Medica Canadiana, MDMLG Quarterly, and MLA News.
9. Ask Convention Bureau for pamphlets on tourist attractions, maps, and free municipal parking passes, if needed.
10. Set up a system of receiving applications, sending receipts and banking monies. Send accommodation guide received from Convention Bureau to out-of-towners, along with receipt when application and cheque are received.
11. After receiving minimum number of applications needed, order syllabi from MLA (or CHLA, as the case requires) giving at least 6-8 weeks for delivery. This must be prepaid and cannot be returned.
12. The week before the workshop complete such items as signs, packets (including pen and paper), name tags and CE certificates.
13. The day before the workshop, inspect the site, make changes and examine the set-up of the room.
14. The day of the workshop itself, put up signs, monitor the registration table and give out name tags, syllabi and packets which contain evaluation forms.
15. Give out CE diplomas at the end of the workshop and collect evaluation forms which must be mailed to MLA.
16. Pay all bills (i.e., for food and room, the speaker, etc.).
17. Send letters of thanks to the speaker, firms that donated money and the exhibitors.

* * * * *

BOOKS FOR CHILDREN

Nicaraguan Library Support Group
Edmonton, Alberta

The third major fundraising project of the Nicaraguan Library Support Group has just been launched ! This time, the goal is to raise \$20,000.00 to purchase Spanish language children's books for the forty-one public libraries in Nicaragua.

Background

The Nicaraguan Ministry of Culture is responsible for the provision of public library services in that country. Since there were no publicly-funded libraries in Nicaragua during the Somoza dictatorship, the institution is a relatively new one for the people. In the eight years since the revolution, forty-one facilities with collections ranging from 500 to 8,000 books have been established. Many of these libraries are located in rural areas where they are the only source of recreational, informational and educational materials.

One of the primary goals of the new government is to develop children's programmes and collections. To date, children's rooms with story hours, arts and crafts, after-school and vacation programmes have been established in the three public libraries located in Managua, and in those in the towns of Masaya, Chinandega, Nueva Segovia and Esteli. According to Ruth Sepulveda, the Children's Specialist of the Department of Public Libraries and Archives, thirty-six libraries still need assistance to begin developing children's services.

While the government of Nicaragua views libraries as having an important role to play in the educational and cultural life of its people, it lacks the funds to purchase books. The Nicaraguan Library Support Group has been asked to send Spanish language children's books published in the United States, Spain, Mexico, Argentina or Venezuela.

The Project

The Books for Children Project aims to collect \$20,000.00 to be used to purchase and ship books to Nicaragua. Using catalogues and selection tools supplied by publishers in the United States, Mexico and Spain, librarians and library school students in Nicaragua will choose those materials which are best suited to the needs of their clientele. Once titles have been selected, the books will be ordered by the Nicaraguan Library Support Group and shipped to Managua for processing and distribution.

Donations for the Books for Children Project are being accepted through Change for Children. Your contribution of \$15.00 will buy a book. Donations of that amount or more will receive a tax receipt issued by Change for Children (Registration number 0566182-09-25).

Project Organizers

The Nicaraguan Library Support Group is comprised of librarians from Edmonton, Alberta, interested in furthering the development of libraries in Nicaragua. Since the winter of 1986, the group has successfully raised funds to purchase Spanish language subject headings for the National Cataloguing Centre in Managua. Subsequently, the group raised \$12,000.00 to finance the construction of a new physical facility for the Library School in Managua.

If you would like to support the Books for Children Project, please send your cheque, payable to *Change for Children -- Library Project* to:

Change for Children -- Library Project
c/o B. Clubb
1901, 11135 -83 Avenue
Edmonton, Alberta
T6G 2C6

Further information about the project may be obtained from the same address.

* * * * *

FROM THE HEALTH SCIENCES RESOURCE CENTRE

Dianne Kharouba

Acting Head

Health Sciences Resource Centre

Canada Institute for Scientific and Technical Information

Ottawa, Ontario

Many thanks to our colleagues in beautiful Vancouver for a stimulating and enjoyable CHLA conference. I was fortunate to represent the HSRC along with Margaret Walshe, CISTI's Assistant Director for National Services. We both valued the opportunity to meet colleagues from across Canada and renew old acquaintances.

The CISTI Update

Margaret Walshe described the staff situation at CISTI, and in particular in the HSRC, in light of the federal government cutbacks and the resulting early retirements. She also presented an update on Document Delivery Services and Collection Development activities in biomedicine which support the HSRC.

MEDLARS network services have increased.

* in 1986/87 . . .	An Increase from 1985/86 of
* 471 subscribers	50%
* 609 hotline questions	13%
* 320 application packages	68%
* 277 people trained in 27 courses	29%

In Information Services, over 1,100 questions were answered. Currently, 58 profiles are run on Medline, Toxline, Cancerlit and Health.

Highlights of 1986/87:

Courses	* Introductory I and II level streaming introduced * Condensed 1 day Introductory piloted in French * Update/strategy course given across the country
Collection development	* List of no known locations for journals indexed in Medline and Health widely distributed * Review of all sources used in HSDB to ensure CISTI backup

- * Analyses of duplicate/weeding lists to fill serial gaps

CISTI News

- * Appearance of an HSRC column and participation of the Head, HSRC, on the editorial board.

The following projects will be undertaken over the next year:

* Beta test of the expert search software for CNRS/INSERM's MEDATA CDROM. This product is intended to be a compilation of Medline, Embase and PASCAL.

* HSRC will receive evaluation assistance from the CISTI CDROM Committee, now in place. The results of this project will be reported to the health community.

* Microcomputers -- Programme of staff training on a number of applications packages.

-- Incorporation into training programmes both in class and in course preparation.

* Training -- A needs assessment to be followed by new course development.

MLA Portland

There were three National Library of Medicine update sessions. The first was the NLM Online Users Meeting. While details will appear in future issues of the NLM Technical Bulletin, here are the highlights:

* No update training classes will be given either by NLM or the Regional Medical Libraries this fall. An update package will be prepared and HSRC will arrange to receive an advance copy for Canadian distribution.

* AD field in SDIline will be retained in Medline starting with the 8801 entry month.

* Definition of Review will be greatly expanded in 1988. In addition to this check tag, more specific review headings will be used.

* Toxline regeneration will occur in late summer. The subfiles to which royalties apply (IPA, Biosis, CA) will be separated into two Toxlit files. The remaining Toxline subfiles covering all years will be merged into one file.

Highlights of NLM's Technical Services Update:

- * As part of its preservation project, NLM is microfilming serial issues on loan that it cannot acquire. A note in Serline will indicate when an issue has been microfilmed.
- * Effective for 1988, the rules for applying form subheadings when cataloguing will change. A future NLM Technical Bulletin will list the affected headings.
- * MARC authority formats have been developed for Medical Subject Headings, Subheadings, and NonMeSH as a first step toward conversion. These authority tapes could be used in MARC-based online systems. Chemical term records will not be converted.

Lois Ann Colianni, Assistant Director for Library Operations at NLM, spoke about a number of issues:

- * Retrospective Catline records will all be added to OCLC.
- * A formal mechanism will be established to get input from cataloguers for MeSH additions.
- * Requests for material dated 1913 and earlier (or photocopies) should be directed to the History of Medicine Division.
- * Mapping of over 18,000 MeSH to Library of Congress Subject Headings has been completed; 14,000 were done manually. These maps may be stored in the MeSH database.

New publication announcement:

The 16th edition, for 1987, of Canadian Locations of Journals Indexed for Medline is now available for purchase at a price of \$30.00 (Canadian).

Quote NRCC #27627 when prepaying. Make cheque payable to *Receiver General for Canada* -- credit NRC, or charge your deposit account. For more information contact CISTI Publications at (613) 993-3736.

Dianne Kharouba

Chef intérimaire

Centre bibliographique des sciences de la santé

Institut canadien de l'information scientifique et technique

Ottawa (Ontario)

Je remercie chaleureusement nos collègues de Vancouver qui ont organisé la conférence de l'ABSC. J'ai eu l'honneur de représenter le CBSS à la conférence avec Margaret Walshe, la directrice adjointe aux Services nationaux de l'ICIST. Nous avons toutes deux profité de l'occasion pour rencontrer des collègues de tous les coins du pays et renouer avec certains autres.

Nouvelles de l'ICIST

Margaret Walshe a décrit la situation de la dotation du personnel à l'ICIST, notamment au CBSS, à la lumière des récentes compressions dans la fonction publique fédérale et les retraites anticipées qui se sont ensuivies. Elle a également présenté une mise à jour des Services de fourniture de documents et des activités d'enrichissement de la collection dans le domaine biomédical par rapport au CBSS.

La prestation des services au niveau du réseau MEDLARS a augmenté.

* en 1986 - 1987

Par rapport à 1985 - 1986, une
augmentation de:

* 471 abonnés	50%
* 609 questions de dépannage	13%
* 320 progiciels d'applications	68%
* 277 personnes formées (27 cours)	29%

Le personnel des services d'information a répondu à 1100 questions. Actuellement, 58. profils sont exécutés dans les bases de données Medline, Toxline, Cancerlit et Health.

Faits saillants au cours de 1986 - 1987:

Cours

- * . . . d'introduction (niveau I et II scindés) a été introduit
- * . . . d'introduction (projet pilote) accéléré d'une journée en français
- * . . . de mise à jour et stratégie a été donné à travers le pays

Enrichissement
de la collection

- * La liste des revues indexées dans Medline et Health pour lesquelles des localisations n'ont pas été

trouvées a été distribuée sur une grande échelle

- * révision de toutes les sources utilisées dans le fichier HSDB afin d'assurer que l'ICIST peut remplir les commandes de documents
- * analyse des listes de doubles et d'élagage en vue de compléter les publications en série.

Actualités
ICIST

- * le CBSS fait paraître dans le bulletin une chronique au sujet du CBSS et la chef du CBSS siège au Comité de rédaction.

Les activités suivantes seront entreprises au cours de la prochaine année:

- * Mise à l'essai du logiciel expert de recherche Beta pour la MEDATA CDROM du CNRS/INSERM. Ce produit se veut une compilation de Medline, Embase et PASCAL.
- * Le Comité CDROM de l'ICIST qui est maintenant en place aidera au CBSS à procéder à l'évaluation. Les résultats de ce projet seront annoncés aux professionnels des sciences de la santé.
- * Micro-ordinateurs -- formation du personnel à l'utilisation de divers programmes d'applications
 -- introduction de micro-ordinateurs dans les programmes de formation tant en classe que pour la préparation des cours.
- * Formation -- un nouveau cours sera adapté aux besoins qui auront été déterminés.

MLA Portland

Trois séances de mise à jour ont été offertes par la National Library of Medicine. La première a eu lieu lors de la réunion des utilisateurs des services automatisés de la NLM. En attendant que de plus amples détails vous soient fournis dans le NIM Technical Bulletin, nous vous présentons les faits saillants de la rencontre:

- * La NLM et les bibliothèques médicales régionales n'offriront pas de cours de mise à jour cet automne. Un dossier de mise à jour sera préparé et le CBSS s'occupera d'en obtenir une copie qui sera distribuée au Canada.
- * La zone AD dans le fichier SDIline sera retenue dans Medline à compter du mois d'entrée 8801.
- * La définition de la vedette-matière Review sera très élargie au cours de 1988. En plus de ce descripteur obligatoire, des vedettes Review plus spécifiques seront utilisées.

- * Le fichier Toxline sera régénéré à fin de l'été. Les sous-fichiers pour lesquelles des redevances sont exigées (IPA, Biosis, CA) seront séparées en deux fichiers Toxlit. Les autres sous-fichiers Toxline qui recensent toutes les années seront fusionnés dans un fichier.

Faits saillants de la mise à jour du service technique de la NLM:

- * Dans le cadre de son programme de préservation, la NLM reproduit sur microfilms les numéros de publications en série empruntées qu'elle ne peut pas obtenir. Un avis paraîtra dans Serline lorsqu'un numéro aura été reproduit sur microfilm.
- * A compter de 1988, les règles d'application des vedettes de forme pour le catalogage changeront. La liste des vedettes touchées par ces nouvelles règles paraîtra dans un prochain NLM Technical Bulletin.
- * Premiers pas vers la conversion des formats MARC ont été mis au point pour les Medical Subject Headings, les sous-vedettes, et les "NonMeSH". Ces mots-vedettes pourraient être utilisées avec les systèmes d'interrogation en direct basés sur le MARC. Les notices de termes chimiques ne seront pas converties.

Lois Ann Colianni, directrice adjointe des opérations de la bibliothèque, à la NLM a décrit un nombre d'activités qui ont été entreprises:

- * Les notices rétrospectives Catline seront ajoutées à OCLC.
- * Un mécanisme officiel sera mis en place pour obtenir les commentaires des bibliothécaires de catalogage responsables de l'ajout des MeSH.
- * Les demandes de prêt ou de photocopie de documents d'avant 1913 devraient être acheminées à la History of Medicine Division.
- * Les correspondances pour plus de 18 000 MeSH avec les vedettes-matières de la Library of Congress ont été trouvées; 14 000 de ces correspondances l'ont été manuellement. Ces représentations de correspondances peuvent être stockées dans le fichier des MeSH.

Nouvelles parution:

Dépôts canadiens des revues indexées pour Medline, 16^e édition (1987), est maintenant disponible au coût de 30 \$ CAN.

Veuillez rappeler le numéro NRCC 27627 lorsque vous payez d'avance. Etablissez le chèque à l'ordre du Receveur général du Canada, au crédit du CNRC ou portez-le à votre compte des dépôts. Pour de plus amples renseignements veuillez communiquer avec le Service des publications de l'ICIST au numéro de téléphone (613) 993-3736.

PEOPLE ON THE MOVE

Janet Charette who has been librarian at the Sarnia General Hospital in Sarnia, Ontario, for the past two years will shortly be leaving for Edmonton, Alberta, where she hopes to establish contact with the health sciences library community once again.

Jan Figurski replaced Susan Gillespie in May as the Manager of Library Services at University Hospital in London, Ontario. After receiving his M.L.S. from the School of Library and Information Science at The University of Western Ontario in 1981, he worked as a Reference/Instructional Librarian at UWO. He has also been active as a freelance consultant, having held positions with DMR and Associates and with the Trigen Systems Group, both of Toronto.

At the ASIS Student Miniconference held at the University of Western Ontario in early May, Joanne Marshall received the prize for the best paper. As recipient of this award, she is expected to present the paper again at the ASIS conference in Boston and was awarded \$200.00 to help defray expenses. The paper is entitled: *End-user searching as an innovation: measurement of perceived attributes and task complexity*. On Wednesday, 24 June, Joanne successfully defended her Ph.D. thesis at the Faculty of Library and Information Science (FLIS) at the University of Toronto. As reported earlier in BMC, Joanne will be joining FLIS as a faculty member in September 1987.

Susanne Tabur, Assistant Head of the Science and Medicine Library at the University of Toronto, was appointed to the newly convened Advisory Board of the *Canadian Periodical Index* in March 1987. The CPI was purchased from the Canadian Library Association by Info Globe, the Electronic Publishing Division of *The Globe and Mail*, in December 1986. Among other members of the Board are Brian Land of the Ontario Legislative Library, and Dean Ann Schabas of the Faculty of Library and Information Science at the University of Toronto.

Elmer Smith, Director of the Canada Institute for Scientific and Technical Information (CISTI) is pleased to announce the appointment of Maureen Wong to the position of Head, Health Sciences Resource Centre (HSRC). Ms Wong will be responsible for HSRC which provides information services and support to the Canadian health sciences community and acts as Canadian coordinator for MEDLARS. Ms Wong has worked in CISTI's CAN/OLE/SDI Client Services Section since 1983, and was formerly a Reference Librarian at CISTI. Before joining CISTI, Ms Wong accumulated more than 10 years of medical library experience at the Vanier Library of the University of Ottawa and at the Medical Library of McGill University. She was one of the first librarians in Canada to be trained on Medline. She holds an M.L.S. from the State University of New York at Albany and obtained her Honours Bachelor degree from the University of Hong Kong.

NEW PUBLICATIONS

Nursing: A Guide to Reference Sources, compiled by Anne Kugler. Montréal, Québec: Nursing/Social Work Library, McGill University: 1987. 19 pp.

This brief publication on the reference literature of Nursing is an annotated guide to selected sources available in the McGill University Nursing/Social Work Library. Its compiler is a reference librarian at that institution. For further information, contact Wendy Patrick, Nursing/Social Work Librarian, at (514) 398-4168.

The publication is available for \$2.00 from the library. Please order on a regular Interlibrary Loan request form addressed to:

Nursing/Social Work Library
McGill University
3506 University Street
Montréal, Québec H3A 2A7

Libraries and Resource Centres in the Government of Ontario, 4th edition. [Toronto]: Ontario Government Libraries Council: 1987. pages unnumbered.

This directory was last published in May 1983. The new edition contains eleven new libraries and an expanded entry format which offers more information about each library. The 76 entries are arranged alphabetically by ministry and are numbered consecutively. There are four indexes at the back of the volume, providing access by subject, librarian's name, computer hardware and finally by software packages in use.

Copies are available at a price of \$6.00 each from the following address:

Publications Services
800 Bay Street, 5th floor
Toronto, Ontario M7A 1N8

Union List of Periodicals, 5th edition. [Toronto]: Toronto Health Libraries Association: 1987. 3 hole punched, binder not included.

The latest edition of the THLA list, showing periodicals holdings of member libraries in and around the city of Toronto, is now available at a price of \$40.00 to members of THLA, and \$45.00 to others. Orders must be prepaid; please make your cheque payable to the *Toronto Health Libraries Association* and send it with your order to:

Leanne Johnson
Library
Connaught Laboratories Ltd.
1755 Steeles Avenue West
Willowdale, Ontario M2R 3T4

* * * * *

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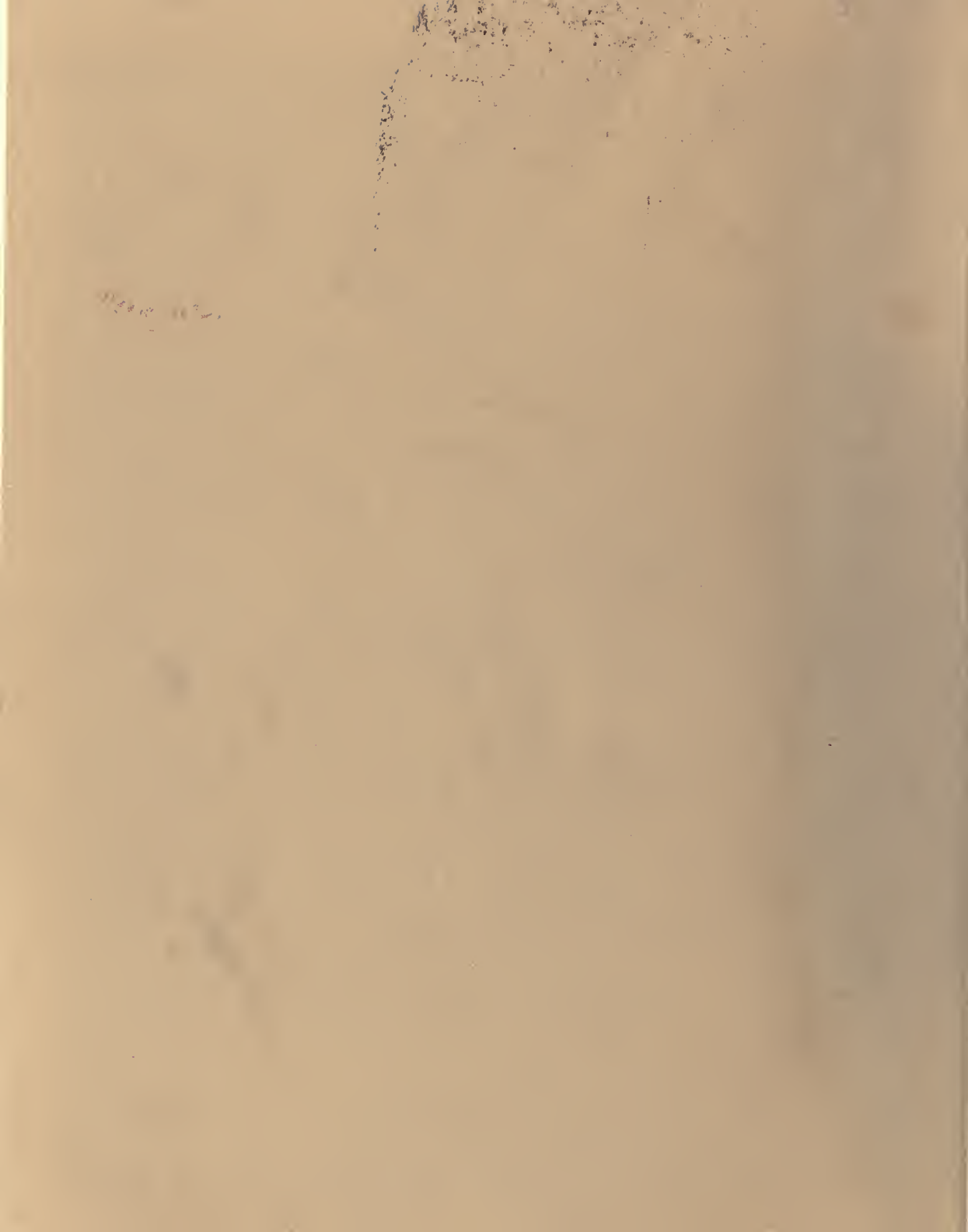
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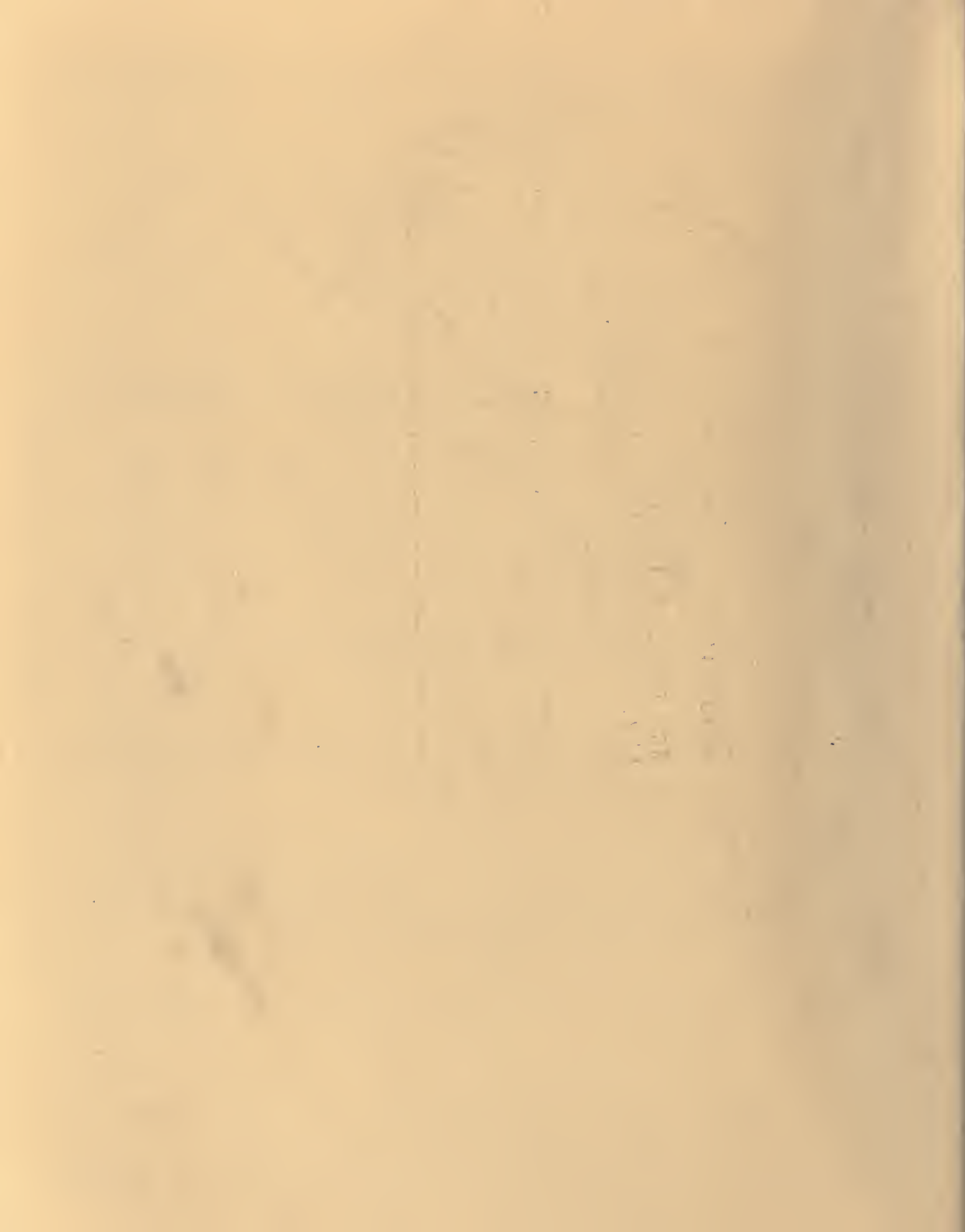
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BIBLIOTHECA MEDICA CANADIANA

VOLUME 9 NUMBER 2 1987 ISSN 0707 - 3674



INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTEURS

The *Bibliotheca Medica Canadiana* is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library. Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome.

La *Bibliotheca Medica Canadiana* a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires travaillant dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillant dans les bibliothèques de petite taille et les bibliothèques relativement isolées. Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus.

Indexed In/Indexé par: Library and Information Science Abstracts (LISA); Cumulative Index to Nursing and Allied Health Literature (CINAHL).

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volume 9(3) 30 novembre 1987
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volume 10(1) 10 juin 1988

INFORMATION FOR CONTRIBUTORS

MANUSCRIPTS

The editors of *Bibliotheca Medica Canadiana* welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada.

Contributions should be submitted in duplicate and the author should retain one copy. Contributions should be typed double-spaced and should not exceed six pages or 2100 words. Pages should be numbered consecutively in arabic numerals in the top right-hand corner. Articles may be submitted in French or in English but will not be translated by the editors or their associates. Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the *Oxford English Dictionary*; exceptions shall be at the discretion of the editors. Contributors who wish to submit their work in machine-readable format should contact the editors in advance to ensure that compatible equipment is available in the editorial offices.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

REFERENCES

All references should be given in the Vancouver style; see *Canadian Medical Association Journal* 1985;132:401-5. Contributors are responsible for the accuracy of their references. Personal communications are not acceptable as references. References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

ILLUSTRATIONS

Any illustrations or tables submitted should be black and white copy camera-ready for print. Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text. Illustrations and tables should include appropriate titles.

AVERTISSEMENT AUX AUTEURS

MANUSCRITS

Les rédacteurs de la *Bibliotheca Medica Canadiana* sont à la recherche de manuscrits ou d'autres renseignements portant sur le vaste domaine de la bibliothéconomie dans le contexte des sciences de la santé. Nous recherchons tout particulièrement des articles relatifs à la situation au Canada et à des thèmes d'actualité.

Les articles devraient être remis en deux exemplaires et l'auteur devrait en garder une copie. Les articles devraient être dactylographiés en double espace et ne devraient pas dépasser six pages ou 2100 mots. Prière de numérotter les pages consécutivement en chiffres arabes en haut de la page à droite. Les articles peuvent être remis en français ou en anglais, mais ils ne seront pas traduits par la rédaction ou par les associés de la rédaction. Le style d'expression écrite se conformera à l'usage et à la syntaxe acceptables du français; il est préférable d'éviter l'argot, les sigles et autres abréviations obscures. L'orthographe se conformera à celle du *Robert*; les exceptions à cette règle seront à la discrétion de la rédaction. Les auteurs qui désirent remettre leurs manuscrits sous forme électronique devraient communiquer à l'avance avec la rédaction afin de s'assurer que l'équipement compatible est disponible aux bureaux de la rédaction.

Tout article devrait s'accompagner d'une lettre de couverture fournissant les informations suivantes: nom de l'auteur (dactylographié), son titre et lieu de travail, ainsi que tout autre détail que l'auteur jugerait utile à la rédaction.

REFERENCES

Toute référence devrait être citée selon le style dit de Vancouver; voir le *Journal de l'Association médicale canadienne* 1985; 132: 401-5. Les auteurs sont responsables de l'exactitude de leurs références. Les communications de nature personnelle ne sont pas acceptables comme références. Il ne faut citer une référence à un ouvrage inédit que si ce dernier est disponible à une adresse indiquée par l'auteur.

ILLUSTRATIONS

Les illustrations et les tableaux doivent être en noir et blanc, et prêts à l'impression. Les illustrations et les tableaux doivent être clairement identifiés en chiffres arabes et avoir des renvois clairs dans le corps du texte. Les illustrations et tableaux doivent comporter des titres pertinents.

BIBLIOTHECA MEDICA CANADIANA NEWS AND NOTES

The editors welcome news items from members of the Canadian Health Libraries Association, or any news that may be of interest to members. Please feel free to copy this form in any way for submission, and to attach separate sheets for lengthy items.

APPOINTMENTS ? Who _____
HONOURS ? What _____
AWARDS ? When _____
Where _____

PROMOTIONS ? Who _____
MOVES ? From _____
RESIGNATIONS ? To _____
When _____

SEMINARS ? What _____
WORKSHOPS ? When _____
Where _____

PUBLICATIONS ? What _____
BOOK REVIEWS ? Where _____
Citation _____

ACQUISITIONS ? What _____
GIFTS ? Why _____
GRANTS ? Amount _____
Donor _____

TRIPS ? Who _____
LECTURES ? Where _____
VISITORS ? When _____
Why _____

From:

To:

Lynn Dunikowski, Editor
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BIBLIOTHECA MEDICA CANADIANA



The Bibliotheca Medica Canadiana is published 4 times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of contributors and the editor and not the CHLA.

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volume 9, number 2

1987

- i Information for Contributors
- iv Newsgathering Form
- 83 From the Editors
- 84 Letter to the Editors - Fraser
- 85 A Word from the President
- Greenwood
- 86 Quelques Mots de la Présidente
- Greenwood
- 88 Report: Task Force on Hospital
Library Standards - Greenwood
- 89 Continuing Education: Stress,
Assertiveness, and Library
Work - Marshall

CONFERENCE PAPERS

- 93 Implications of Proposed
Changes to the Copyright Act
- Daniel
- 98 Libraries Without Walls
- Flower
- 104 Genetic Engineering - Smith

ORIGINAL PAPERS

- 114 The Health Workshop: The
Concept and the Collection
- Patrick

... continued

NEWS AND NOTES

- 119 Version Française de "MeSH
Online"
- 119 Flood in Hospital Library
- 119 Computer Assisted Instruction
at McMaster
- 120 Medline on Compact Cambridge
at Calgary General
- 120 Toronto Health Libraries
Association Meetings
- 121 From the HSRC - Wong
- 122 Du CBSS - Wong
- 123 Meetings / Workshops
- 125 New Publications
- 127 Position Available
- 128 CHLA Board / BMC Staff

FROM THE EDITORS

Welcome to the first issue of *Bibliotheca Medica Canadiana* to be produced by the new editorial team, here at the University of Western Ontario. Our readers will notice a few alterations in BMC's appearance. We have changed to a double-column format -- our contribution to reducing eyestrain, that occupational hazard we all share. CHLA/ABSC has acquired a microcomputer, printer, and all the software necessary for the editors to produce the journal. This issue of BMC is also the first to be produced with this equipment, and our readers may notice a difference in our new printer's style of type.

As each previous Editor has noted, producing BMC is a great learning experience. We have been alternately impressed with the capabilities of our word processing software, and depressed by difficulties with our hardware. One of the editors was once called a "techno-peasant", and has never forgotten it. We are aiming to learn enough to rise above this lowly status by the end of our term of office -- maybe we'll be techno-serfs!

We are pleased to bring you, in this issue, a selection of papers from the 11th annual meeting of CHLA/ABSC. Since both the editors were unable to attend, we are particularly happy to have the opportunity to read these papers,

and hope you will be too. Michael Smith's paper on genetic engineering has given us a clearer understanding of a concept that was formerly just a "buzz-word" to some of us. The paper by Johanne Daniel on copyright is especially timely, and we hope to have the opportunity of bringing you updates on this important topic in future issues of BMC, as the legislative process continues. Babs Flower summarized her report, "Libraries without Walls: Blueprint for the Future", for the meeting; we reproduce that paper for you here. For more information on the full report, see p. 125 of this issue. Under the heading "Original Papers", you will find an interesting account of a consumer health information collection, contributed by Wendy Patrick. The steadily increasing demand for consumer health information that many of us have noticed in our daily work is a trend that we will be wise to recognize.

We would like to thank Tom Flemming, BMC's editor for Volume 8, for all his help, and for his continued willingness to offer advice when we need it. We also thank Tom for setting such a good example for us -- although, in a way, this is a mixed blessing; he'll be a hard act to follow. For our first issue, special thanks are due to David Le Sauvage, who has coped so competently with the problems of setting up our word processing software and hardware.

The leaves are starting to turn in Southwestern Ontario, and we all know what comes next. However you feel about winter, it's a good time to catch up on writing -- letters to the editors, articles, and news and notes on what's happening in your part of the health libraries-community -- for BMC. We can be

Lynn
Dunikowski

Lynn Dunikowski
Editor

reached in a variety of ways; old-fashioned mail, electronic mail, telephone, or in person, if you happen to be in London, Ontario. All our various addresses are listed on the last pages of the journal. We're looking forward to hearing from you!

Claire Callaghan

Claire Callaghan
Assistant Editor

LETTER TO THE EDITORS

Dear Editors:

Canadian health librarians might wish to be aware of what I consider to be "shoddy publishing" by the Canadian Hospital Association. The story is as follows:

In a spring issue of Quill & Quire's forthcoming list we spotted the title "Medical care quality and the public trust" published by the Canadian Hospital Association, Ottawa, and due in April, 1987. We ordered this but upon receiving the book find it to be the same as a 1982 publication with the same title published by Pluribus Press, a division of Teach-em Inc.

The 1987 title page with Canadian Hospital Association imprint does not refer to any previous publication. The Acknowledgements page by the authors, identical in both editions, bears a November 1981 date.

From now on, Canadian Hospital Association publications will be carefully screened in this library before they are purchased.

Bill Fraser
Director
B.C. Medical Library Service

A WORD FROM THE PRESIDENT

Jan Greenwood

Manager of Library Services
Ontario Medical Association
Toronto, Ontario

I returned from England last month more worn out than rested, not so much replete as sated (gastro-nomically and intellectually!) and sporting a sun-tan. Thus, in a few short weeks, I dispelled, at least to my own satisfaction, three widely held myths: that summers are laid-back times of reflection, that the food in England is generally unpalatable and that the weather there is always cold and rainy.

As some of you are aware, I attended the Annual Conference of the International Federation of Library Associations and Institutions (IFLA) in Brighton. On your behalf I presented a paper at 8.30 a.m. in a small room without air conditioning to a large audience sweltering in temperatures upwards of 30 degrees centigrade. Despite the lamentably early hour and the uncomfortable physical conditions, the session on Standards for Medical and Health Care Libraries, moderated with panache by Tom Wilson of the University of Sheffield, was lively and informative.

Among the issues addressed were the discrepancies which exist among the countries represented at IFLA in even defining "health library standards" as a term, let alone their implementation. Ursula Hausen, Documents Librarian at WHO in Geneva, described in detail the status of health library standards in countries throughout Europe. Canadian hospital librarians can derive some comfort, perhaps, from the fact that in certain countries even the concept of hospital libraries, as we know them, is still very new and standards of any kind have yet to be developed. A paper tabled by Fiona Mackay Picken, a regional librarian in the U.K., sensibly acknowledged that even without official acceptance (authority), library standards can still generate activity in individual libraries which serves to have a positive effect on the collective. This, in part, is what has been happening on the Canadian hospital library scene for years.

In my own paper - which, incidentally, was quite different from the printed version which will be published in INSPEL - I used the

standards of the Canadian Council on Hospital Accreditation as a framework for examining the pitfalls involved in applying standards and the challenges which face those who seek to develop them. I advocated an approach both political and practical and found among the regional librarians I visited in the U.K. following the conference a similar earthy pragmatism! There was also some encouraging interest shown by these librarians and others in the program planned for our 1988 Annual Meeting; who knows, we may take on a more international flavour than usual in Halifax!

While having to give a paper at my first IFLA meeting was somewhat daunting, it is a course I'd recommend to others. I went from knowing few people during the first two days of the conference, to discovering an abundance of new friends and colleagues following my presentation. Anyone for IFLA in Australia, 27 August - 3 September, 1988?

QUELQUES MOTS DE LA PRESIDENTE

Jan Greenwood

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Je suis rentrée d'Angleterre le mois dernier. J'étais plus épuisée que reposée, moins rassasiée que gavée (gastronomiquement et intellectuellement) et j'étais bronzée. En quelques semaines je détruisais donc, du moins à ma propre satis-

faction, trois mythes largement répandus: premièrement que l'été est le moment de relaxation idéal à la réflexion; deuxièmement que les mets anglais ne flattent pas le palais, et qu'enfin le temps en Angleterre est toujours froid et pluvieux.

Comme certains d'entre vous le savent, j'ai assisté à la conférence annuelle de la Fédération internationale des associations de bibliothécaires et des bibliothèques à Brighton. Je présentais mon article à 8 h 30 du matin dans une petite salle sans climatisation; l'auditoire était large et accablé par la chaleur qui, ce jour-là, dépassait les 30 degrés centigrade. Malgré l'heure beaucoup trop matinale et le manque de confort, la session sur les normes pour les Medical and Health Care Libraries, conduite avec panache par Tom Wilson de l'université de Sheffield, fut animée et riche en informations.

On traitait entre autres des divergences qui existent entre les pays représentés à l'IFLA. Par exemple, la définition du terme "normes des bibliothèques de la santé", sans parler de leur utilisation varie beaucoup d'un pays à l'autre. Ursula Hausen, bibliothécaire section documents à l'OMS à Genève, a décrit en détail l'état des normes des bibliothèques de la santé dans les pays européens. Les bibliothécaires des hôpitaux canadiens vont peut-être trouver de la consolation à savoir que dans certains pays le terme "bibliothèques de la santé", comme nous les connaissons au Canada, est encore très récent et qu'il faut encore développer des normes de tous genres. Un article présenté par Fiona Mackay Picken, une bibliothécaire régionale du Royaume

Uni, reconnaissait judicieusement que même sans acceptation officielle les normes des bibliothèques peuvent encore donner naissance à une activité dans les bibliothèques individuelles et avoir un effet positif sur les bibliothèques collectives. C'est en partie, ce qui se passe avec les bibliothèques de la santé au Canada depuis des années.

Dans mon article, qui en passant était très différent de la version imprimée qui sera publiée dans l'INSPEL - j'ai utilisé les normes du Conseil canadien d'agrément des hôpitaux comme cadre de travail pour examiner les pièges tendus par l'application des normes et les défis qui s'offrent à ceux qui cherchent à les mettre au point. J'ai préconisé une approche à la fois politique et pratique et j'ai trouvé parmi les bibliothécaires à

qui j'ai rendu visite au Royaume Uni, après la conférence, un pragmatisme similaire au mien! Ces bibliothécaires ainsi que d'autres personnes se sont également intéressés au programme projeté pour notre assemblée annuelle de 1988, ce qui est encourageant; qui sait, l'association va peut-être revêtir un caractère plus international que d'habitude à Halifax.

Même si présenter un article à ma première réunion avec l'IFLA était tant soit peu intimidant, c'est une expérience que je recommande. Alors que je ne connaissais que très peu de monde les deux premiers jours de la conférence, j'ai découvert après ma présentation que j'avais une multitude d'amis et de collègues. Ne manquez pas la prochaine conférence de l'IFLA en Australie qui aura lieu du 27 août au 3 septembre 1988!

REPORT OF THE CHLA/ABSC TASK FORCE ON HOSPITAL LIBRARY STANDARDS

Jan Greenwood, Chair

Manager of Library Services
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Toronto, Ontario

Although the Task Force has not met in the flesh, as it were, since its last BMC Report [9(1):9-12] activity has been frenetic. We have all been exploiting to the full the possibilities of electronic messaging, Bell telephone and even Canada Post!

The draft revision of CCHA Standards I-II was circulated to all CHLA/ABSC chapter presidents and select others, and we have been grateful for the helpful response we have thus far received. In particular I would like to thank those individuals who took the opportunity to contact me or other Task Force members. We attempted in revising Standard I: Goals and Objectives, #3 - Extent and Scope of Services, to cite an "objective" which would relate to each of Standards II-VIII. Our intention, at this time, is to expand the current seven standards to eight, by incorporating a new Standard VI which would be the equivalent of the "Care Program" standard which now exists for some other hospital services. This standard would focus

upon library services' professional responsibilities which are now largely overlooked by the CCHA Standards. In revising Standards III and IV we will, respectively, pay particular attention to the issues of libraries without trained staff and the impact of the new technology. Background documents on such topics as staffing levels, job descriptions and spatial relationships will eventually be drafted.

Following the October 2-3 Task Force meeting we shall again circulate the results to all Chapter Presidents and hope that they, once again, will encourage discussion at the local level. Those of you who are interested in this process will find it helpful to examine such CCHA Standards as those relating to Patients' Clinical Record Services and Rehabilitation, because the Task Force is seeking to adhere as much as possible to wording and concepts which have already been accepted in principle by CCHA.

CONTINUING EDUCATION

STRESS, ASSERTIVENESS, AND LIBRARY WORK

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For a number of years I have been teaching a continuing education course on assertiveness training for the Medical Library Association as well as other library groups. Assertiveness training became popular during the seventies as part of the general movement towards self-awareness and self-improvement in North American society. This type of training teaches basic verbal techniques for resolving interpersonal conflicts--situations in which you want to confront another person about their behaviour or, conversely, situations in which you may have to deal with a person who is being aggressive towards you. Since work in libraries often involves supervision of employees and direct contact with the public, it is easy to see where assertiveness skills could come in handy. Assertive behaviour involves standing up for your own rights, but doing so without violating the rights of others.

At this point, you are probably asking yourself what assertiveness has to do with "stress", the other part of the title of this continuing education contribution to BMC. More recently, I have begun to

think of assertiveness as one technique for handling a particular type of interpersonal stress. Understanding something about work stress and its origins can help us to see the usefulness of assertive behaviour in a broader context. It can also help us to recognize other factors in our lives that contribute positively or negatively towards our ability to handle stress. In this article, I would like to briefly review some of the research on stress and to link this back to assertiveness as a stress-reducing technique.

WHAT IS STRESS?

The modern concept of stress can be traced to Hans Selye's (1956) work on the body's reaction to stimuli which he called the "General Adaptation Syndrome". Although the idea of a stressful lifestyle had been suggested much earlier, Selye's work was the first to suggest a universal set of physiological reactions to stressful events. This concept was important because it meant that stress was no longer defined as an external event or force; rather it was the way in which the individual physically responded to these

events or potential "stressors". In a biological sense, the "stress reaction" was seen as the body's effort to adapt and deal with changing environmental demands. This conceptualization of stress paved the way for the study of another important process, namely the way in which individuals cope with psychological stressors.

If we accept the physiological definition of stress as a reaction to environmental factors, then we can also look at the factors which create an unfavourable environment. A study of job stress conducted by the U.S. National Institute for Occupational Safety and Health (Carey, 1985) suggested that the amount of uncertainty faced by individuals in their jobs affected stress levels. Those who worked in lower level jobs where there were a lot of little "uncertainties" on a day-to-day basis were actually found to experience more stress than their bosses who had more control over their work situations. Librarians ranked 68th out of 130 different occupations in the study's job stress scale.

HOW STRESSORS CAN BE MEDIATED

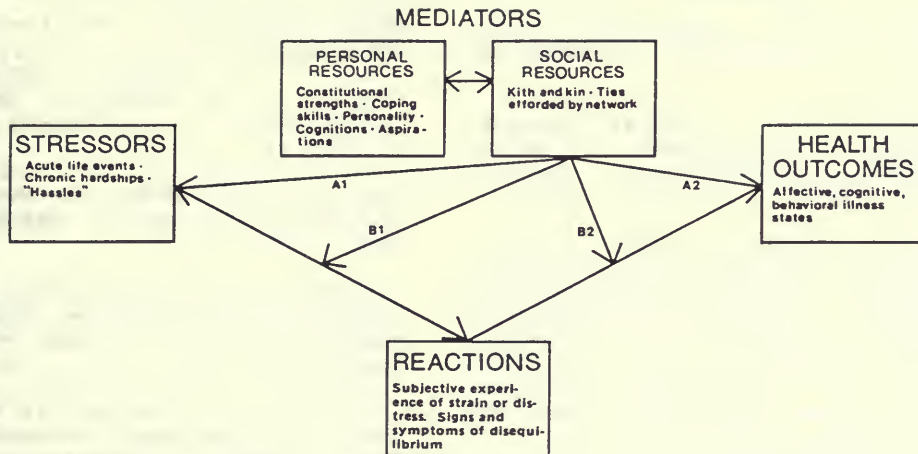
A recent model developed by Gottlieb (1983) has been used to study the work stress experienced by internes and residents in Ontario (Marshall and Hsu, 1984). This model, illustrated in Figure 1, shows how life STRESSORS and the REACTIONS to these stressors can be mediated by both PERSONAL RESOURCES and SOCIAL RESOURCES. In this model, individuals have the opportunity to actively develop their personal and social resources and to use them to modify stress reactions. Personal resources, such as coping skills and personality, and social resources, such

as family and friendship networks, are seen as interrelated. These resources have direct effects on reducing the amount of perceived stress, and indirect buffering effects on the stress that is perceived. You will note the link to health outcomes on the right side of the model. The way in which we cope with stress has an effect not only on our psychological well-being, but on our physical health as well.

ASSERTIVENESS AS A PERSONAL RESOURCE

Models such as the one previously described simply provide a framework which can be used to study the complex relationship between stressors, reactions to stressors, and resources that can help individuals to cope with stress. On a more practical and personal level, we can use this knowledge to help build our own resources for coping more effectively with stress. We may also be able to help members of our library staff in the same manner.

Taking an assertiveness training course may be seen as one means of building a particular personal resource. Resolving interpersonal conflicts more effectively at work and at home can strengthen the personal and social resources which we now know play an important part in our general ability to handle all kinds of other stressors. Assertiveness training also emphasizes the part that our own subjective perceptions play in determining our reaction to a stressful situation. Often it is not the actual situation, but our own reinterpretation of the situation in more threatening terms that puts us into "distress".



- A1: Direct effect of social support, e.g., prevents exposure to certain stressors; induces more benign appraisal of threat.
 A2: Direct effect of social support, e.g., boosts morale and sense of well-being.
 B1: Buffering effect of social support, e.g., preserves feelings of self-esteem and sense of mastery when exposed to adversity.
 B2: Buffering effect of social support, e.g., protects against depression when stressful reactions occur.

Fig. 1 A Model of Stressors and Personal and Social Support
 Taken from: Gottlieb BH. Social Support Strategies:
 Guidelines for Mental Health Professionals. Beverly Hills:
 Sage Publications, 1984.

Although some of the approaches suggested in assertiveness training may seem like common sense, changing verbal response patterns that have developed over a lifetime is not easy. The first stage of making these changes is an awareness of the problem situations and our own unassertive reactions. Next we need to find and develop assertive ways of responding in these problem situations. Finally we need to practice these techniques with friends or participants in an assertiveness training workshop, who will provide honest feedback to help establish the new behaviours. Few individuals who

develop their assertion skills through reading or by participating in a workshop would claim to be assertive in all of their subsequent behaviour. The important thing to remember, however, is that these interpersonal skills can be learned and that old ways of responding to stressful situations can be changed. With knowledge and practice you will be able to act assertively when you really want to. Using assertiveness skills and building up other types of personal and social resources can increase our chances of living longer and more productive lives.

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IMPLICATIONS OF PROPOSED CHANGES TO THE COPYRIGHT ACT FOR HEALTH LIBRARIES*

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When the Canadian Copyright Act¹ was passed in 1924, it was inconceivable that one day entire books could be copied in a matter of minutes, at the push of a button, in any business or institution. This day has come, and with it, growing concerns of librarians and their patrons, who fear being sued for illegal copying, and of course, of authors, who do not yet have appropriate means to control multiple copying.

For all these people, dissemination of knowledge is the primary objective, but for one group, easy access at low cost is by far the most important issue while for the other, effective control and fair compensation are considered essential. For health librarians, the problems of access to protected works are aggravated by the fact that less than 3% of scientific and technical material in use in Canada is published domestically.² Heavy reliance must therefore be placed on foreign sources of publication making the authorization process even more intricate. It therefore becomes urgent to rectify those anomalies created with the flow of time.

*This paper is based on a presentation given at the 11th annual meeting of the CHLA/ABSC, May 24-27 1987, in Vancouver, B.C.

The need for copyright revision was recognized in Canada as early as the 1950's.³ Several major reports⁴ were published and extensive consultations took place with all interested parties, but the complexity and sheer number of issues led to a recent decision to divide the revision process into several phases. This decision has enabled the government to act promptly with a manageable first package of amendments on which consensus has been reached. Bill C-60⁵ was tabled on May 27, 1987 and deals with eight important matters, including provisions to facilitate the collective exercise of copyright such as authorization for library copying. Second reading of the Bill took place on June 26 and a legislative Committee was appointed to review it. The Committee is expected to resume its work shortly. In the meantime the two departments involved with copyright revision, Communications and Consumer and Corporate Affairs, are working on finalizing policies and drafting amendments likely to form part of the second phase of revision.

This publication is timely as it provides an ideal opportunity to discuss specific issues related to libraries in light of amendments proposed to date. This article

will deal with issues related to new uses of traditional works, other areas of interest to libraries and finally to new technologies.

THE CONTENT OF REVISION

A) Updating the Act to encompass new uses of traditional works.

By far the most relevant amendments to libraries are Bill C-60's⁶ provisions to facilitate the collective exercise of copyright to deal with the administration of those rights that may not realistically be managed on an individual basis. As mentioned earlier, the facility with which works are now being reproduced makes it difficult for copyright owners to control uses, and next to impossible to be remunerated accordingly, while for users, obtaining authorizations can be both time-consuming and costly. Bill C-60 attempts to redress this situation by allowing copyright owners to form "collectives"⁷ to administer their rights on their behalf, under the supervision of the Copyright Board.⁸ Under the proposed scheme, collectives will be entitled to negotiate general licenses, giving users such as library associations the right to reproduce any work contained in their repertoires. Such licences will set out the tariffs to be paid and the conditions (maximum number of pages, type of works, record keeping, etc.) under which such licences will operate. These negotiations will reduce administrative costs associated with seeking individual authorization and will provide a useful centralized tool on what is available on the market. The Board will have jurisdiction to settle disputes,

and a mechanism to file agreements is provided.

The current legislation allows users of protected material to make "fair dealing" in a work (i.e. uses that are not infringements) for the purposes set out in the Act,⁹ i.e. for private study, research, criticism, review, or newspaper summary. What constitutes "fair dealing" is not defined. Various changes have been proposed to clarify its meaning, and hence bring more certainty for users such as librarians, who are often uncertain whether the copying of short extracts or single articles constitutes infringement. One approach would be to delineate in the Act factors to be considered in interpreting what constitutes a fair dealing. These might include the impact of the use on a copyright owner's economic expectations, the impact on the demand for the work, the purpose of the use, etc. These factors may prove useful to a judge in a court of law but may not be as helpful for a library patron who may want, for example, to know exactly how many pages of a newspaper article he may freely copy. Another approach would be to estimate and codify every potential use of a category of works and assort it with proper criteria. But with the great variety of works, and uses, this approach may not be realistic.

After extensive analysis and consultations the government has so far decided not to amend the fair dealing defence,¹⁰ leaving it to the interested parties themselves to collectively negotiate what they believe to be fair practices in their particular area of activity. Several narrow exemptions¹¹ may still be provided, but the scope of the fair dealing defence will

likely remain untouched.

B) Updating the Act to deal with specific concerns of librarians.

Libraries and archival institutions experience problems with the use of protected material deposited in their collections. These difficulties are caused by several factors including the uniqueness of most archival material, the lack of clarity of the Copyright Act in relation to the term of protection for unpublished material (which may be perpetual), and finally, by other practical matters, such as when the donor is not the sole copyright owner of the various works contained in a collection.

In light of the historical significance of archives and of the genuine need of researchers to access these collections, the government intends (at a future stage of revision) to provide an exception allowing for the making of a copy for preservation purposes, and the loaning or duplication of copies of unpublished, out-of-print or otherwise unavailable material for private research purposes, for use on the premises or through interlibrary loans.¹² The term of protection of unpublished material will also be specified so as to correspond to that of published material, and the fair dealing defence made available for these works as well.¹³

An exception to copyright import protection in the current Act¹⁴ allows anyone, presumably including an agent, to import any copies of works required for the use of any public library or institution of learning at any time before the work is printed or made in Canada. This provision has been of crucial

importance to specialized libraries who must rely on foreign publications. Some Canadian publishers have claimed, however, that this exception is a threat to the further growth of an indigenous publishing industry. At the present stage of its analysis, the government has not indicated that it plans to amend this provision.

C) Updating the Act to encompass new technologies.

Technologies such as computer data banks and audio visual devices are being rapidly integrated in specialized libraries' inventories. Both as producers and as users of such material, libraries will benefit from the clarification of the status of protection of these new forms of expression. Obviously, computer programs were not mentioned in the original Copyright Act. However, Canadian case law¹⁵ has determined that they are protected as literary works, whatever their medium of storage, for the life of the author plus fifty years. This interpretation has been confirmed and codified in Bill C-60.¹⁶ An exception to this protection allows for the making of back-up copies and of necessary translations or conversions to adapt the program to different hardware.

Computer data bases are presumably protected under the current Act as compilations, in the category of literary works. To alleviate any concern on the availability of such protection regardless of the way in which a compilation may be expressed, the government's intention¹⁷ is to define the criterion of fixation of a work in broad terms in the future.

The definition of collective works now provided in the Act merely enumerates works such as encyclopaedias, dictionaries and newspapers in relation to written material. The government intends¹⁸ to protect new methods used for presenting traditional works, such as records or audio-visual devices.

CONCLUSION

Bill C-60 is the first step

towards modernizing Canada's copyright laws. Much work remains to be done to bring the Copyright Act into step with the evolution of society. It will still be necessary for all of us to find the proper balance between the rights of one group against the rights of another, to achieve one common goal: the enhancement of Canada's scientific and cultural heritage.

FOOTNOTES

1. Copyright Act, R.S.C 1970, c. C-30
2. Canada Institute for Scientific and Technical Information: A Response to "From Gutenberg to Telidon: A White Paper on Copyright", March 1985.
3. Royal Commission on Patents, Copyright, Trademarks and Industrial Designs, Queen's Printer, Ottawa, 1957.
4. Economic Council of Canada: Report on Intellectual and Industrial Property, Ottawa, 1971.
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Standing Committee on Communications and Culture: A Charter of Rights for Creators - Report on the Sub-Committee on the Revision of Copyright, Supply and Services Canada, October 1985.
Government Response to the Report of the Sub-Committee on the Revision of Copyright, February 1986.
5. An Act to Amend the Copyright Act and to Amend Other Acts in Consequence Thereof (Bill C-60), Second Session, Thirty-Third Parliament, 35-36, Elizabeth II, 1986-87.
6. Bill C-60, op. cit., s.14 amending ss. 50.1 - 50.7 of the Copyright Act.

7. A collective administered by Union des Ecrivains Québécois came into existence in 1984 to deal with reprography in Quebec schools. Until Bill C-60 is enacted, its activities fall under the general regulatory powers of the Competition Act rather than under the Copyright Act. Another collective is about to be formed in English Canada by the Book and Periodical Development Council.

8. Bill C-60, op. cit., s.12 amending ss. 48 - 48.9 of the Copyright Act.

9. Copyright Act, s.17(2).

10. Sub-Committee Report, op. cit., pp. 63-66; Government Response, op. cit., pp. 12-13.

11. No general exception provided to libraries, see Sub-Committee Report, op. cit., pp. 21-22; Government Response, op. cit., p.5.

12. Sub-Committee Report, op. cit., p. 68-70; Government Response, op. cit., pp. 13-14.

13. White Paper, op. cit., pp. 19, 55 - 58; Sub-Committee Report, op. cit., pp. 3, 66; Government Response, op. cit., p. 13.

14. Copyright Act, s.28(3)(c).

15. Apple Computer Inc. vs MacKintosh Computers Ltd. et. al., Federal Court of Canada, Trial Division, April 1986 (now being appealed).

16. Bill C-60, op. cit., ss. 1(2) and 1(3) amending s.2 of the Copyright Act; s.5 amending s.17(2) of the Copyright Act.

17. Sub-Committee Report, op. cit., p.41; Government Response, op. cit., pp. 8-9.

18. White Paper, op. cit., p.9; Sub-Committee Report, op. cit., p.3.

LIBRARIES WITHOUT WALLS: Blueprint for the Future*

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and CHLA/ABSC Joint Project

What is the state of health sciences libraries in Canada today? What changes have occurred in the last twenty-five years? What trends have developed? Where should we go from here? To find answers to these questions a proposal was developed jointly by the Special Resource Committee on Medical School Libraries (SRCMSL) of the Association of Canadian Medical Colleges (ACMC), and the Board of Directors of the Canadian Health Libraries Association (CHLA). This proposal was submitted by ACMC to the Canada Institute for Scientific and Technical Information, which we know as CISTI, with a request for federal government funding of \$66,000. The proposal was well received, and a contract was signed in September, 1986. ACMC was designated to administer the funds through its Executive Office. A Project Committee representing both the medical school libraries and CHLA accepted responsibility for the survey. The span of the project was to be six months, through March 1987, and I was appointed Project Officer.

The study had two main purposes:

a) to gather and present in-

formation on health sciences libraries in Canada today, with comparisons to highlight the trends; targeted were the sixteen medical school libraries, libraries in the major teaching hospitals associated with them, and CISTI;

b) in the light of this analysis to recommend steps which need to be taken to improve health information services nation-wide, and which might lead to a functioning health care information network across Canada.

In developing the project we did not limit ourselves to a statistical analysis. We felt that in a forward-looking study such as this, more was needed. Beyond the specifics of numerics there lay a more difficult kind of database composed of the views of informed persons who were actually wrestling with problems of the provision and delivery, or use, of health sciences information. Our approach was therefore as follows:

a) we relied largely on existing statistics, annual reports, policy statements and published documentation;

b) we made site visits to each of the sixteen medical centres in Canada for discussions with the directors of medical school

*This paper was presented at the 11th annual meeting of the CHLA/ABSC, May 24-27 1987, in Vancouver, British Columbia.

libraries and members of the staffs; discussions also with deans of medicine and in some cases of other faculties; with teachers, researchers, clinicians; and discussions as well with teaching hospital librarians and with some hospital administrators.

c) we visited CISTI and talked with senior officials, as well as with officials of the professional associations for Canadian hospitals, dentists, nurses and physicians, and we added Health and Welfare Canada and two major independent library services: the Academy of Medicine in Toronto and the British Columbia Medical Library Services in Vancouver.

In all, some 150 interviews were conducted with individuals, as well as a number of group sessions. The report which came out of all this is titled Libraries Without Walls: Blueprint for the Future. It offers five general sections:

1. A broad-brush summary of the current situation in comparison with the Simon Report from the 1960's.
2. Descriptions of aspects of the current situation with examples.
3. An outline of some of the suggestions and concerns raised by people across Canada.
4. A summary of some of the conclusions which can reasonably be drawn.
5. A set of recommendations for further development.

Health Sciences Library Collections and Services in Canada: that is what the survey was called. After six months of intensive

concentration, what can I tell you about them? They are in good hands. The librarians who manage them are dedicated, competent, knowledgeable. Are the collections good ones? There is some question about that. What is a good collection? A comprehensive one in which a large percentage covers areas which are not always actively pursued? Or an active one in which all the material moves regularly off the shelves and back again? Most of our librarians claim to be developing comprehensive collections, at least in some disciplines, but when they cancel journal subscriptions they cancel the ones that seldom circulate. There have been a great many cancellations in the last few years; are our collections still comprehensive, either individually or regionally?

Where are the pockets of excellence? Where has an expert researcher been concentrating on one field for fifteen years with regular support from the library? Where has an expert librarian been collecting for fifteen years in one or two areas of growing importance? Surprisingly, very few health sciences librarians are sure that such a gem is part of their resources. There is no documentation.

Services are important. How are these collections used? By scholars, researchers, practitioners, graduate students. Undergraduates still use Reserves. There are many complaints about lags in document delivery, the costs of interlibrary loans, the volume of interlibrary loans. The advent of MEDLINE has changed the whole scene of health sciences library services by increasing awareness of what is available. In

addition, the gradually increasing needs for continuing education in all segments of the health care field have led to innovations in providing information services outside the library: regional outreach, extension librarians, teleconferencing, electronic messaging. Regional development of this sort was one of the topics that came up repeatedly in my interviews across Canada.

Another topic which was under discussion in all sixteen medical school jurisdictions was the application of computer technology to library procedures. It became more and more clear that there was one major point of no return. Academic libraries can automate their circulation, or their serial control, or their cataloguing; but when they finally get their catalog online with remote access from the hospitals and from faculty offices -- that is the crucial point of change. That is when everything else becomes possible, and an interactive information system is born. That is the point which all sixteen medical schools should work toward as soon as possible, if national health sciences information services are to expand. Not all of them are ready. Leadership is needed; planning is needed; research is needed.

Technological applications are expensive, and in the 1980's most library budgets are shrinking. This problem too requires a concerted attack and organizational planning, if the necessary technology is to be put into place. The financial affairs of health sciences libraries in the next decade will be particularly intricate puzzles for management, who must find the funds for technological improvements, and at

the same time re-evaluate their budget allocations as library procedures change, as collection rationalization becomes cooperative, and as staff requirements are modified to facilitate the other changes.

As document delivery becomes more and more a matter of receiving from outside on interlibrary loan, this whole procedure will need streamlining. The one outstanding bottleneck reported everywhere in Canada has clearly been the lag in document delivery, both locally and interprovincially. Fees for this service are an important source of funding--but fees for poor service require a radically new approach. Quick location and electronic ordering are useless, if it still takes a week to see the item.

Access to the journal literature is the major item here, and part of the total framework is where the individual journal is available. The collection at CISTI is an essential national back-up. Its commitment to pick up unique titles dropped by other collections, so that they will stay in Canada, is important. But until mechanisms for speedy transfer of documents have been put into place it will be important for many of the less used journals to be available regionally for quicker service. This brings up the question of journal cancellations and collection policies. This too is part of the financial analysis that is needed throughout the country.

It is clear from our study of the sixteen medical centres in Canada that there has been considerable growth since Bea Simon went the same route in 1962. Increases in funding during the 60's and 70's have meant not only larger collec-

tions, but more medical schools. Teaching hospitals have increased their attention to information resources to such an extent that there are five times as many libraries with professional staff now as there were in teaching hospitals in Simon's day.

One of Simon's main recommendations was a national bibliographic centre, and although it took several years, the Health Sciences Resource Centre (HSRC) was finally established at the National Science Library, which has since become CISTI. This was an outstanding addition to health sciences information services in Canada then, and it remains essential now. Although many of us have complaints, the HSRC is an important element in our day-to-day services to clients all across the country. What would we do without MEDLARS? Without an ultimate lending resource? Without a reference desk of last resort?

The other important element in information services in the health field since Simon's day is the advent of a variety of databases like MEDLARS, and the installation of automated procedures that can use them. The computer has moved into our professional lives. In the last five years in particular the growth of our collections has tailed off, while the electronic environment has expanded. Some institutions are moving more slowly than others, but everyone is edging into the Age of Technology. This raises questions of problems we have already mentioned. Questions of planning to avoid fragmentation. Questions of which procedures to automate first, and which procedures are essential to have online. Questions of financing and budgeting. Questions of staff

requirements.

While collections shrink at the same time that so much money is being spent on automation, questions arise about cooperative services, interlibrary loans and document delivery. They are all inter-related, and document delivery is clearly central, just as an interactive online catalog is clearly central to the development of technology in health sciences libraries. If a satisfactory method can be developed for transferring documents within twenty-four hours, many of the other questions will resolve themselves.

Another aspect of the arrival of computers is the training which librarians receive in order to use them. As a result of their familiarity with computers and databases, librarians in the health sciences field find themselves training other professionals in these skills. This is a very new element in librarianship, one that goes well beyond the traditional orientation tours in academic libraries, and one that will continue to expand as personal and office computers proliferate. However, librarians, like other professional teachers, need training in teaching and learning techniques, as well as training in managing technology, and this is a problem for our Canadian library schools to solve.

Finally, the shape of our health sciences libraries needs definition. The statistics which we have been collecting for years by counting things are clearly not adequate. Here again research may be important. Research into performance measurement may provide some guidelines, so that as we move

into new areas of information management, we will be able to describe what libraries do and how good their collections are.

As a result of these observations, our five recommendations are surely predictable. First and of prime importance is the technology.

1. As a matter of urgency a Task Force on harnessing technology for health sciences information should be established.

We suggest that CISTI and the directors of the medical school libraries should work together to provide the necessary leadership, with four objectives:

--To study the configurations of health sciences centres in Canada and their links between academic and health care institutions, and to seek to identify the technological applications that would best enhance their three-fold mission of teaching/service/-research;

--To collect and evaluate current information on the various systems which are available and their components, along with their economic dimensions;

--To test protocols for their compatibility and usefulness to the systems which are developing in the health sciences sector, and to pioneer adaptations, innovations and software as necessary;

--To assemble all this information at CISTI and to disseminate it to the health sciences community through the Health Sciences Resource Centre.

Second and equally primary is the matter of financial support.

2. For each health sciences centre an Information Management Council should be established.

The information system which is developed in a health sciences centre must serve a combination of the medical school and one or more health care institutions. The development and financing of an interactive information system to serve the multiple needs of the group mission requires multi-institution decision bodies to work out formal agreements and assign specific responsibilities. The Association of Canadian Medical Colleges would be the appropriate body to accept responsibility for implementation of this suggestion. A well-balanced Information Management Council would be able to plan and coordinate computer and communication resources to implement information services for the whole complex and its regional outreach. The Council would also be able to identify funding resources to support the system which had been planned.

3. A Joint Committee should be established to study interlibrary loans in the health sciences sector, and to make recommendations on a) ways to manage the volume; b) ways to rationalize costs; c) ways to improve delivery time.

A study of ways and means is appropriate at this time. The Joint Committee should be drawn equally from members of the Canadian Health Libraries Association and members of the Special Resource Committee on Medical School Libraries.

4. It is recommended that a Working Party be struck to review and explore present and potential future sources of financing for health sciences libraries in Canada.

This recommendation is directed first to directors of medical school libraries and members of the Canadian Health Libraries Association jointly, but also to deans and library directors, and other fiscal officers who manage discretionary funds and capital allotments. Funding and budget management are central to the efficiency of health sciences library services across Canada, and in each regional centre. Funding sources, new and not new, need to be identified, and budgets need to be rationalized and revised if the mission of health sciences libraries is to be achieved. An organized effort is bound to be the most effective approach.

5. Finally, it is recommended that the Health Sciences Resource Centre at CISTI be maintained and strengthened.

HSRC is in a position to provide leadership in developments in health sciences information services in this country. There is an opportunity to enter into contracts with the health sciences sector for research in information technology and the training that is a necessary adjunct. There must be expertise at the National Research Council in the development of funding opportunities, and HSRC

should take the lead in establishing research priorities. The health sciences sector is a well defined natural laboratory.

The ability of HSRC to take this leadership role can be enhanced in spite of the limitations on staffing currently being experienced by CISTI in the atmosphere of fiscal restraint that pervades Ottawa. For the consideration of CISTI's Director we offer the suggestion that the community which HSRC is designed to serve might be more receptive if senior experienced health sciences librarians were seconded to augment the staff for perhaps two-year periods. This would mean that we ourselves would act as a liaison to clear the path to better understanding.

These are our five recommendations, but this is not the end of the story. You called for a study of Health Sciences Library Collections and Services in Canada. You have that study. It raises questions that urgently need answers. You are called upon now to take your places in one or another of the suggested working groups, for you are the ones who must find the answers.

GENETIC ENGINEERING*

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In the twenty years between 1953 and 1973, a series of discoveries were made in the fields of chemistry, biochemistry and microbiology which have resulted in a revolution in biology, a revolution which has not yet run its course or even reached its climax. The consequences of this revolution have been an enormous increase in our understanding of human inheritance, of infectious diseases and the ways in which our bodies defend themselves against these diseases, of endocrinology, and of cancer; and most dramatically in our ability to modify living organisms in a permanent, predictable way so that they can carry out functions not previously possible. With this comes the ability to make medical products such as hormones, growth factors, vaccines and blood proteins that formerly were not available or which were only available at great expense and in limiting amounts. Beyond this is the expectation that there will be improvements in agriculture and crop production; such as increased disease resistance and greater tolerance to frost, salinity, reduced water supply or low nutrient levels. Interestingly,

genetic engineering has spawned a whole new publishing enterprise involving learned journals, symposium reports and newsletters.

The chemical, biochemical and microbiological discoveries and experimental techniques that have made all these things possible are what is called genetic engineering. The realization that genetic engineering had made possible the manipulation of the inheritable units of living organisms that we call genes, in addition to igniting the biological revolution, had two other dramatic consequences, unique in the history of science. The first of these was the arousal of concerns about potential biological hazards of genetic engineering. These concerns, initially expressed in the scientific community, rapidly became the concern of the whole of society. In parallel with these concerns, whose sequelae I will discuss later, there was an almost hysterical rush to found and invest in new biotechnology companies; companies established to exploit the commercial potential of genetic engineering. What I want to do in this article is to describe some of the events since the excitement of the mid-1970's, to put genetic engineering into a broader biological perspective and to illustrate for you a few of the remarkable advances in biology and

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medicine as a consequence of genetic engineering.

The first point to be made is that genetic engineering is a form of biotechnology, which is the manipulation of biology or a biological product for some human end. Biotechnology in general is not a new invention. A relief from an Egyptian tomb of the Fifth Dynasty, that is from a time of about 4,500 years before the present, depicts the winnowing and pounding of grain, the making of dough and the baking of bread, and the making and bottling of beer. In early times the Egyptians used the natural yeasts in air or on fruit, but they learnt to raise and maintain cultures to allow them to carry out baking and brewing in a more reproducible way. This is not the sole example of biotechnology from earlier times. Since before recorded history humans have grown selected kinds of plants for food, ornamentation, and drugs; and animals have been reared for food, work and pets for just as long. Biotechnology also manifests itself in more mundane activities such as cooking.

One perceived bugaboo of genetic engineering is the production of groups of identical individuals; the production of clones. Fermentation, a process designed to produce alcohol, is at the same time a massive cloning of yeast cells, resulting in billions and billions of identical cells. This is no problem. When the fermentation is complete the yeast is trucked away to be used as a food supplement. Similarly, one can grow to advantage a large number of identical plants, for example pine trees. The objective is the production of trees with superior qualities of growth and disease

resistance. Again, there is no problem. We start to feel uneasy about cloning when we see the type of experiment in which cell nuclei, which contain the genes, are isolated from embryo cells from an animal and are injected into eggs whose own genes have been removed or destroyed. The result of one experiment of this type is a set of genetically identical frogs. Now there is nothing wrong with a set of identical frogs. But we do feel ill at ease about them, because we worry about the possibility of a brave new world of identical human clones. The interesting thing is that genetic engineering has evoked the feeling that we are about to enter that era. However, the frog cloning experiment was not performed using genetic engineering techniques. In fact, the experiment was performed at Oxford University in the mid-1950's, long before genetic engineering was possible. As far as I am aware, the experiment evoked no interest outside the scientific community at the time it was performed.

DEOXYRIBONUCLEIC ACID

If cloning is not the *bête noir* of genetic engineering, what is? The answer, in two words and ten syllables, is deoxyribonucleic acid, abbreviated DNA. DNA was discovered by Friedrich Miescher, working in the old German university town of Tübingen. Miescher extracted DNA from the nuclei of pus cells obtained from used hospital bandages. The main interest in DNA at the time it was discovered in 1868 was the fact that it contained phosphorous, a novelty in biological material. However, the direct connection between DNA and genes was not made until 1944. At that time, Oswald T. Avery and his coworkers, MacLeod

and McCarty, published the results of their experiments on transforming principle. They were studying an interesting property of pneumococcus, a bacterium which causes pneumonia in humans and kills laboratory mice. There are two forms of the bacterium, rough and smooth. These names describe the appearance of the colonies which grow up from individual bacterial cells when they are placed on a plate of nutrient. The smooth form is the lethal one, whereas the rough form does not cause disease. It had been shown some years earlier, in England, that you can heat the smooth form and in so doing destroy its ability to reproduce and to infect. However, when living rough cells are treated with the dead smooth cells the former take on the smooth characteristic and become lethal to mice. This is the phenomenon called transformation. What Avery set out to do was to identify the factor, or principle, that was responsible. The transforming principle turned out to be DNA! The implication of Avery's work was crystal clear and unambiguous. DNA must contain the inheritable information that programs the smooth, killing characteristic. That is, DNA is the chemical manifestation of the genes whose patterns of inheritance were described by Mendel at almost the same time as DNA was discovered as a chemical substance by Miescher.

It immediately became important to define the detailed chemical structure of the DNA molecule. That this had not been done in the almost 100 years since its discovery was not from lack of effort or because it is hard to isolate. It was because DNA is a large and difficult substance. Its structure was solved in 1953. The shape, of

course, is the double helix, and it was deduced by James Watson and Francis Crick. The two long intertwined chains of atoms of which DNA is composed have a fascinating elegance. The double helix, truly, is a major image of the second half of this century. DNA is the genetic material of all cellular organisms, not just the pneumococci, and this includes humans. The DNA in both organisms is exactly the same kind of material but differs in detail. The bacterial cell is about one 1,000th of a millimetre in diameter and its long string of DNA is about one millimetre in length. The DNA of a bacterial cell contains about 5,000 genes. The human cell is about 1,000 times larger in volume than the bacterial cell and contains about 1,000 times as much DNA. A human cell, therefore has enough DNA to have about 1,000 times as many genes as a bacterial cell. In fact, humans probably have only 10 to 20 times as many genes as a bacterium. One very important difference between bacteria and animals, including humans, is that bacteria have one copy of each gene whereas animals have two copies. This means animals can have one bad copy of a gene and still be normal. I will come back to this point later. The total length of the DNA in a human cell is about 2 metres. Each human contains about 10 billion, billion cells. This means that each individual contains about 20 billion kilometres of DNA (a length equivalent to about 100 times the distance from the earth to the sun). Most cells in an adult human are not dividing, but the cells in the bone marrow and gut are. Because of this each person is synthesizing about 1 million kilometres of DNA per day. And one is not even aware of the fact that

DNA is there, let alone that one is a factory carrying out the most precise process known to mankind.

The general structure of DNA includes some important features. DNA contains four nucleotide building blocks, joined in the two long chains. The building blocks, for convenience, can be symbolized as "A", "T", "G" and "C". The two chains are held together, very precisely, by weak but specific chemical bonds which run horizontally across the centre of the double helix. These bonds are such that "A" in one strand always bonds to "T" in the other and "G" always bonds to "C". The two strands fit together as precisely and as snugly as a Yale key in its lock. As mentioned above, the chain-joining bonds, though precise, are weak. This means that, in a living cell, the two strands can be pulled apart and each used as a template to form a new complementary strand that is identical to the one that was removed. It is just as if you took a key out of a lock and then filled the empty key hole with molten metal which would form an identical key when solidified. The possibility of creating a new identical DNA strand, in a living cell, on the template of its complement, provides an exceedingly elegant method for replication and the passage of genetic information on to a succeeding generation. The two strands of the double helix can be made to come apart in a test tube, where the separation can be induced by heating the DNA dissolved in water. The remarkable thing is that, if you keep the solution of separated DNA strands at a lower temperature that which caused them to come apart, then each strand will search until it finds its exact complementary region and then it will pair up to

form the perfect double helix again. This ability of a DNA strand to find its correct partner provides a convenient new way for identifying a particular infective agent such as a bacterium. Suppose you get food poisoning and you want to find out what organism is causing the problem. Separated DNA from a sample of the bacterium will only form a double helix with test DNA that you know can cause food poisoning if it is from the same kind of organism, because the four building blocks of DNA are arranged in different order in the DNAs of different organisms. The advantage of this method is speed. Identification, which by classical microbiological methods might take 4 to 6 days, can be done in 1 to 2 days. Already a kit for identification of a common cause of food poisoning, *Salmonella*, is being sold commercially. A DNA probe for Legionnaires' disease has been developed and others are being used in medical schools for detection of viral infections. It is clear that this simple principle is going to provide an enormously useful set of diagnostic tools.

What has been said to this point has provided some information about the properties and uses of DNA but this does not explain what it is about DNA that makes a gene nor how a gene functions. Animal and plant cells have two major compartments, the nucleus (where lie the chromosomes containing the DNA) and the cytoplasm. Genes encode information. The major kind of product encoded by genes in all types of living organism is proteins. Each living cell contains several thousand different proteins. Most of these are enzymes whose function is to catalyse (speed up) specific chemical reactions such as the breakdown of fat or carbohydrate or

protein. Other proteins are structural. They are the scaffolding of cells and tissues. Yet others are receptors. These lie on the outside of cells and recognize specific signalling molecules such as hormones, or molecules like adrenalin which stimulate activity, or the surfaces of infecting viruses. At the molecular level, what differentiates one tissue from another, say brain from heart, is the different family of proteins each contains. Similarly, what differentiates one individual from another or one species from another are their differing families of proteins.

The way in which a gene gives rise to a protein involves two major steps. In the first of these, a single strand of a nucleic acid is produced. This new nucleic acid, messenger RNA, moves from the cell nucleus to the cytoplasm which contains the factories where protein is synthesized. There, the messenger RNA from a given gene programs the production of its corresponding protein. This process creates a problem. It is a problem of alphabets. Nucleic acids have four building blocks; an alphabet of four letters. Proteins, which are built of long strings of amino acids, have twenty different building blocks, an alphabet of 20 letters. The answer to this problem is the genetic code. In this code, a row of three nucleic acid building blocks codes for one amino acid. There are sixty-four possible triplet codons. Some amino acids such as methionine and tryptophan have only one codon. Others, such as serine and arginine, have as many as six codons. Three codons are used as signals to define the end of a protein. Elucidation of the gene code was a major landmark of biological

science. As a personal digression, I would like to remind you that the work which led to the deciphering of the code started in British Columbia, in the laboratory of Dr. Gobind Khorana at the British Columbia Research Council.

EXPERIMENTAL OPERATIONS

What I want to do next is to define genetic engineering in terms of the experimental operations. In total it is rather complex. However, it can be simplified to a list of key discoveries. The first of these was the discovery of bacterial plasmids. These are minichromosomes, circular DNAs, which replicate independently of the main chromosomes, and which can easily be purified and isolated in a test tube. The bacterium Escherichia coli contains plasmid. E. coli is the common bacterium of the human gut and it is the one that is most used in genetic engineering experiments. There is probably more known about this organism than any other living organism except the human. The second discovery was that of a class of enzymes, called restriction enzymes, which cut DNA into precise pieces. A third discovery was enzymes which would join DNA fragments together, DNA ligases. The fourth discovery was a method for getting plasmid DNA back into a living bacterial cell. The fifth discovery was a method for determining the precise sequence in which the four building blocks are arranged along the strand of DNA molecule. Each gene consists of a few hundred or up to several thousand of these building blocks strung together in a unique specific sequence, and it is essential to be able quickly to determine their order. Lastly, very convenient and automated ways

for assembling the four DNA building blocks chemically now allow the synthesis of DNA fragments. These techniques, together, can be used to carry out a genetic engineering experiment. In one experiment a plasmid DNA is cut in one place by a restriction enzyme. In a parallel experiment, DNA from an animal cell is cut by the same enzyme. Because the animal DNA is a million times longer, it is cut into about one million pieces of different lengths. If a large amount of the cut plasmid DNA is added to the animal DNA fragments, then the joining enzyme, DNA ligase, can be used to join just one animal DNA fragment into each plasmid molecule. This is recombinant DNA. These recombinants are added to E. coli cells which have been treated with calcium ions so that they will take up the plasmids. If you then greatly dilute a suspension of the transformed bacteria and spread them on nutrient plates, you get colonies each arising from a single bacterium with each containing a unique fragment of animal DNA as a plasmid recombinant. This is what is called a DNA library or bank. Of course it is not a very good library or bank because you don't know which fragment is which. However, a number of ingenious strategies have been developed for picking out the DNA clone corresponding to a desired gene, so that is not an insurmountable problem.

The first experiment in which an animal DNA (from frog) was cloned in a bacterial plasmid was reported in 1973. This experiment triggered those concerns about potential biohazards that I described earlier. The first public manifestation of these concerns was the publication of a letter from Dr.

Maxime Singer and Dr. Dieter Soll to the President of the U.S. National Academy of Sciences. The debates ensued rapidly. These were resolved, in two to three years, by sets of guidelines governing research with recombinant DNAs. The rules prescribed very specific conditions for carrying out all kinds of genetic engineering. The rules had two features, physical containment and biological containment. The nature of physical containment is easy to convey. It requires the kind of laboratory that one associates with experiments in biological warfare and it was the type of laboratory that had to be used in 1976 for experiments involving human DNA. Biological containment requires the use of very exotic bacterial strains, which will only grow under very special laboratory conditions, as hosts for recombinant plasmids. Frankly, work was close to impossible under these conditions.

The situation ten years later is that we now are allowed to work with human DNAs in standard microbiology laboratories using standard laboratory strains of bacteria as hosts. Why has there been this dramatic relaxation of the regulations? There are several reasons. One reason is that people have had time to think. As Dr. Bernard Davis, Professor of Microbiology of Harvard University, has pointed out, human DNA and the DNAs of their infective organisms have been in contact with E. coli in the gut for at least one million years. Thus, if anything awful was going to come of such contact, it would likely have happened long ago. A second realization came from experiments with laboratory strains of E. coli which showed that they do not infect the people who work with them. Even if they

are fed to an individual in large numbers, they disappear within one or two days. In addition, bacteriologists who have been exposed all their lives to highly infective organisms pointed out that no epidemic has ever ensued from such work. And, as we learnt more and more about animal and bacterial genes we found that although they use the same genetic code, that is about the only thing their genes do have in common. Different signals are used to program the protein synthesis. And finally, in the last 10 years, millions and millions of recombinant DNAs have been made in thousands of laboratories. And not one untoward event has occurred.

So, now we have a genetic engineering industry. It is still an industry of promise rather than one of substantial economic achievement. But lack of such achievement is more an indication of the time it takes to develop new pharmaceuticals rather than an inability to produce.

USES OF GENETIC ENGINEERING

I now would like to discuss some examples of the use of genetic engineering. In the summer of 1535, Jacques Cartier was on his second voyage of discovery to Canada. By December, 100 of his party of 110 individuals had succumbed to a disease, some of whose symptoms were bleeding around hair follicles and internal bleeding producing extensive bruises. Twenty-five of the party died. Then Cartier found the remedy from the Indians. It was to drink an infusion made from the leaves and bark of white cedar. The problem was that the affected individuals had become ascorbutic. They needed vitamin C. This need for vitamin C is one which humans

share with other primates, guinea pigs, the Indian fruit bat, several species of fish and a number of insects. What we lack that rats and mice have is one key enzyme of the several enzymes that are required to convert glucose to vitamin C. The vitamin C pills that we eat today are made by six or seven reactions, most of them chemical. But one of them is carried out by a bacterium. It would be nice if a bacterium could carry out all the reactions. None is known that will do this, but two are known that, between them, will carry out all but one of the required steps. Recently the gene from one of these species has been introduced into the second organism, resulting in a new form, which is now being developed to make vitamin C commercially. The production of special chemicals by microorganisms is already an important biotechnological industry. Amino acids are needed for dietary supplements, and vitamins and antibiotics are produced in this way. There is absolutely no doubt that the type of genetic engineering that I have described for vitamin C is going to improve and extend microbiological synthesis.

Another important aspect of the biotechnology industry is the production of enzymes. These are used in research, in medical diagnosis and industrially. Proteases, enzymes that break down proteins, are one class of enzyme which are used in detergents, in tanning, in food processing, in medicine and in the chemical industry. The most important commercial enzyme of this type is subtilisin, produced by a bacterium, sales of which are over 250 million dollars per annum. The enzyme contains a string of 274

amino acids. Amino acid 222, which is methionine, lies right alongside this crucial part of the enzyme. This methionine can easily be oxidized and, when so oxidized, it prevents the enzyme from working efficiently. Subtilisin is used in detergents, which are often used in conjunction with bleach, which is an oxidizing agent. So you can see the problem. What has been done is to isolate the gene for the enzyme as a recombinant DNA. Then the short part of the gene responsible for amino acid 222 has been replaced by chemically synthesized DNA fragments. The experiment was done in such a way that 19 new genes were produced so that all possible amino acids were tried at position 222. Some of these genes gave rise to inactive enzyme. But others gave fully functional enzyme. When these were tested for their resistance to oxidation, it was found to be very good, except in the one where cysteine was the substituent; it would be expected to be oxidizable. This type of gene manipulation, which has been called protein engineering, is certainly going to be useful for making beneficial changes in industrial enzymes and possibly in proteins made for medical purposes.

At this point, I should describe one application of genetic engineering for which there is inadequate space for full description. This concerns a particular type of mutant fruit fly. The mutation is called bi thorax, because it causes the fly to have two thoraxes, the thorax being the front part of the abdomen. The wings are attached to the thorax and consequently the mutant fly has two pairs of wings rather than the normal single pair. The mutation which causes this striking effect

is in one of a set of genes called homeotic genes. The proteins produced by these genes control and determine the processes of embryonic development. Because of the great sophistication of fruit fly genetics that has been developed over the past 75 years, it has been possible to isolate several homeotic genes from the fruit fly as recombinant plasmid DNA. Using these DNAs as probes, in the type of DNA-DNA hybridization that I described earlier for identifying bacteria, it has been possible to show that humans have similar genes. By saying this I do not mean to imply that we have latent genes so that we can sprout wings like angels. What I can say is that the fruit fly genes have enabled the identification of genes which are likely to be responsible for our own type of embryonic development; genes that we know must exist, but which we had no idea how to detect.

DNA-DNA hybridization comparisons of this type have also been used to make another remarkable discovery. This time the comparisons have been made between human DNA and DNA derived from viruses that cause cancer in animals. The cancer-causing gene in the virus is an oncogene. As a consequence we now know that humans have a whole family of what are called proto-oncogenes; genes which when mutated in some way can give rise to cancers. This does not mean that we now understand cancer. As one of the scientists responsible for the discovery of proto-oncogenes, Dr. Harold Varmus, has said: "Ask an honest student of oncogenes how to prolong life and he will say: Don't smoke, drive safely, eat sensibly, and work for nuclear disengagement". But there is no scientist that I know who has

thought about the discovery of proto-oncogenes, who does not believe they are the light at the end of the tunnel.

I will now turn to my last theme. In New York city in 1863 in Grace Episcopal Church, Charles S. Stratton, who was the child of first cousins, and Lavinia Bump, whose parents were third cousins, were married. The most remarkable thing about this couple is the fact that the groom was 3'2" in height and the bride was 2'8". Her working name was Lavinia Warren and his was General Tom Thumb. The reason they were of such short stature was not known in 1863. We know that it was the lack of a hormone, growth hormone, a protein of 188 amino acids, that is produced in the pituitary. In the case of Tom and Lavinia, it probably resulted from a defective growth hormone gene transmitted in their families. One copy of such a defective gene is no problem. But each inherited two defective copies, one from each parent.

Genetic engineering has made it possible to isolate a copy of the human growth hormone gene. It is done by reversing the normal flow of genetic information but in a test tube. Growth hormone messenger RNA is used as a template to make a DNA encoding the protein, which is then placed in a bacterial plasmid. This DNA can be used as a probe for locating the growth hormone gene in human DNA. In this kind of test, human DNA, isolated from blood cells for example, is cut up with a restriction enzyme and the resultant fragments separated in an electric field according to their size. If you do this experiment with the DNA of a virus, which is quite short, you get 5 to 10 fragments which are

easily resolved. But with the thousand or so fragments from bacterial DNA and the million or so fragments from human DNA, there is no clearcut separation. However, a DNA probe can be used to identify the DNA corresponding to a particular gene in this mixture. The experimental method was developed by Dr. Edwin Southern who is now professor of biochemistry at the University of Oxford.

Unfortunately, in humans, there are five genes which look like growth hormone genes. Only one of them is the functional gene. If you look at its DNA fragment in the different individuals, you can see three situations. Some have a lot of the DNA (two copies of the gene) and are perfectly normal. Some have a lesser amount of the fragment (one copy of the gene). These people grow to normal height, but are carriers of the defect just like the parents of Lavinia and Tom. And some individuals have no copies of the gene and consequently will be of very short stature. This methodology is now available not only with growth hormone but for close to two hundred human genes. It offers enormous opportunities for understanding and helping families with inherited defects. But it also raises a new set of ethical problems for the medical profession and for society in general.

I would now like to come back to the question of what you can do with the gene. The gene can be transferred to the fertilized egg of a mouse and the transfected embryo can be implanted with the progeny raised. The consequence is dramatic, resulting in oversize mice. For a whole variety of reasons, this is not a viable option for dealing with human

growth hormone problems. The alternative is to use genetic engineering to construct a growth hormone gene that can produce the protein in E. coli, and then to use the protein to treat humans. This involves chemical synthesis of the DNA to ensure that all the correct signals are functioning optimally. This recombinant plasmid can then be used to produce human growth hormone. This brings me to my example of the application of genetic engineering, the case of

teenage identical twins, Carrie and Julie Carnes. When Carrie was 10, she fell and banged her head while skating. This accident damaged her pituitary which stopped making growth hormone, and she stopped growing. She was 4'3" in height at the time. Subsequently, she was treated for several years with genetically engineered growth hormone made in E. coli. She is now over five feet in height, as near as makes no difference the same height as her sister.

THE HEALTH WORKSHOP: THE CONCEPT AND THE COLLECTION

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Montreal, Quebec

In 1984 CHLA/ABSC published its "Guidelines for the role of health sciences libraries in the provision of consumer health information."¹ These guidelines divide the consumer health information (CHI) involvement of libraries into three levels: basic, moderate, or extensive. It is perhaps dangerous to hazard guesses in print, but it seems unlikely that a survey of Canadian health libraries would find many offering CHI service above the basic level, and a good number might in fact fall below basic. We agree that providing consumer health information is a goal, but too often our reach exceeds our grasp. Most health librarians work in hospitals, medical centres, or universities, and CHI is an extra, an add-on, and not the primary focus of these institutions. When resources are stretched to the limit to support service to the health care team, it is easy to see how CHI could be relegated to desiderata status.

A decade ago, McGill nurses working with a dynamic and creative librarian demonstrated the value of CHI to primary health care. The librarian was former CHLA/ABSC president M.A. Flower, whose work with the nurses suggests that money spent on health information can promote wellness and reduce the use of costly health services.

THE WORKSHOP

The Workshop -- A Health Resource/ L'Atelier à Votre Santé, launched in the spring of 1977, was an innovative demonstration project funded by Health and Welfare Canada and run by the McGill University School of Nursing. It was unique in Canada, a health facility staffed by university-trained nurses in an affluent suburb where people already had access to the full range of health care services. It was important to the aims of the project that it not be located in an economically vulnerable community whose residents would be at risk for the medical and social problems that accompany the struggle against poverty. Beaconsfield was deliberately chosen because its professional and executive families represented a privileged group consuming expensive medical services for lifestyle-related difficulties.² As project director Dr. Moyra Allen put it, Beaconsfield was "well-doctored; the people use the doctors and go to the hospitals, but we want to see what nursing can do."³

The Workshop was a clinic with a difference. Dr. Allen outlined its aims: "The Workshop is a community health resource comprised of a nursing service and an information service. The aim of this health

service is to assist individuals and families to deal with situations of day-to-day living in a healthful fashion. Promotion of health and healthy lifestyles is cast within a learning framework, thus complementing existing services based on prevention and treatment of illness."⁴

From a librarian's point of view, the Workshop was different and exciting because a belief in consumer health information and the importance of library services was embedded as an integral component in Allen's concept of health. The Workshop was based on the philosophy of the McGill Model of Nursing. This model stresses health rather than illness, and works within the context of the family to help people learn to become active participants in their own health care. Health is taken in its broadest sense, meaning not just the absence of disease but optimum physical, social and psychological well-being, encompassing the ordinary events of life as well as the crises of illness or disability. Consumer health information had found a natural home in the McGill Model of Nursing.

THE INFORMATION CORNER

The Workshop's library was known as the Information Corner and as its name suggests, it was intended to be informal and welcoming. The single-story Workshop building was planned for easy access for all, including the handicapped. A sunny central courtyard offered room for meetings, a children's play area, and a place for people to relax, and all of the working areas, including the Information Corner, were accessible to each other and surrounded the central space.⁵ The

Information Corner was originally planned as a professional library for the nursing staff, but it became obvious very quickly that clients needed information on health, family problems and social concerns. From a small reference collection the library expanded to an information service, not just for the Workshop's clients but for the whole community. As a member of senior management the librarian could respond to needs as she saw them develop, and the Information Corner grew into an active and interactive form of health education. Babs Flower's philosophy was summed up in the memo to the project director at the end of the first six months: "It is important to remember that word service in connection with the information component of the Workshop. The temptation to think of a library as a given number of books on the shelf cuts off about two-thirds of the value of the information concept."⁶

In her "Manual of the Information Corner" she explained her approach to reference service. "The initial concept of this information delivery service involved an attempt to apply special library techniques to a situation that had some public library aspects, and some academic library aspects. Even the nurses... were not used to the special library approach."⁷ Giving personalized service from a small collection required the Information Co-ordinator, as she was called, to be a travelling reference librarian, relying not just on the telephone but on personal visits to larger libraries at McGill to locate suitable materials for the nurses and clients to use together.

Initially the collection was based

on subjects known from previous studies to be of concern to the local community, with special emphasis on family interactions from birth to old age, and ways of coping with normal living and the crises of life. Nurses, clients and the general public showed an interest in books on such subjects as parenting, child care, growing old; and on managing specific health problems such as allergies, alcoholism, diabetes, and the like. The common idea behind the selecting for the two groups, professional staff and clients, was that people are the guardians of their own health, and can be active partners in their own health care. Both the scope of the collection and its emphasis on interactive learning made it unique, and there is still much useful data to be mined from its files.

THE WORKSHOP COLLECTION

When the project ended and the Workshop closed in August 1979, the Information Corner was boxed and moved to the McGill School of Nursing. Cut off from its base, it might have become an obsolete or archival souvenir of the Workshop. However, in 1982 two old and well-established libraries serving McGill's schools of Social Work and Nursing were merged to become the Nursing/Social Work Library, and the Information Corner was revived as the Health Workshop Collection, not so much to commemorate the Workshop as to carry on its ideas. Physically, it remains an information corner, shelved apart from the book stacks on either side of an elegant old fireplace in the journal reading room of the library. The small CHI collection that came from Beaconsfield has grown to several hundred volumes, with several dozen titles added

annually.

The flavour of the Information Corner is still found in its successor, and the emphasis continues on family and individual well-being, with titles for every age group, including children. Most titles are popular works on health and coping with life's inevitable stresses. Some are explanatory works which give people the facts they need to give informed consent to treatment. Selection criteria specify that books must be authoritatively written in non-technical language and directed at the layman. Circulation figures will not be available from McGill's automated system for another year, but spot checking indicates that the collection is popular, and new acquisitions circulate briskly to our staff and students.

Unfortunately, the collection is no longer readily accessible to the consumers for whom it is intended; the interaction of nurse, client and information that was so much a part of the Workshop has been lost. Despite this difficulty, the Workshop Collection is still a community resource. All new acquisitions are fully catalogued in NLM and listed in MUSE, McGill's new on-line catalogue, and in the UTLAS REFCATSS System. They are available on direct loan to health professionals and on interlibrary loan to public libraries, and the library is open to the public for consultation.

DIFFERENCES BETWEEN THE TWO COLLECTIONS

There have been some changes in the profile of the collection since its move from the clinical field to an academic library. The Informa-

tion Corner served in two directions, helping the Workshop's clients and the nurses who worked with them. The Nursing/Social Work Library has a collection of 40,000 volumes with over 400 current serial subscriptions, so there is no longer a need to include a professional component with the CHI titles, as this is supplied by the regular collection. CHI itself has been broadened to include an even wider range of subjects, reflecting the interests of social workers as well as nurses.

A useful and popular feature of the Information Corner was its local files and network connections. Almost as soon as it opened, it began to operate as a neighbourhood information and referral service for the Pointe-Claire - Beaconsfield community, tying together information on health and social services with hand-made files on private or less formal resources such as baby-sitting and friendly visiting. This service succeeded because it was current, on-the-spot and co-ordinated by a librarian with her finger on the pulse of the community; it was beyond the mandate of a university library to attempt this role.

The Information Corner was conceived as a service first and a library second. Like the Workshop itself it was unique and experimental, and throughout its short life it was constantly changing, adapting, moulding itself to the emerging needs of its users. Unlike a university library, it had no historical role, no duty to posterity, no preconceived guidelines to be satisfied. In a sense, it has had its wings clipped in the more formal academic environment, but as a survival strategy the move

to the Nursing/Social Work Library has assured its continued existence. It is no longer experimental, but it remains a unique example of what might be called the McGill model of consumer health information.

WHAT DID WE LEARN FROM THE WORKSHOP?

Nurses learned a great deal from the Workshop about health and the role of nursing in its promotion and maintenance, and the literature documents the continuing influence of the McGill Model on nursing research, education and practice in Canada.⁸ What are the lessons for librarians? Although the Workshop died its library survives; the information transcends the setting. Health knowledge and health education are the underpinnings of a healthy society, whether we are talking about ensuring clean drinking water in the third world or managing executive stress in the affluent west. Florence Nightingale acknowledged this fact in the first book on modern nursing; she began from the premise that there can be no health without a knowledge of the practices of healthy living, and that these practices begin with the family.⁹ Certainly, she would have felt at home with the Workshop concept.

Perhaps what the workshop teaches librarians is that service to the health professions, no matter how good that service, is not enough. Consumer health information should be an integral part of the mission of any health library. The whole range of health information, from the simple to the most technical, is our business. The provision of this information can take many forms, depending on the institution and the primary users of the

library. It can be as basic as the ordinary courtesy of giving reference and interlibrary loan service to non-health libraries, or it can be expanded to include a variety of direct services to health educators and to the public. The Workshop has given us an

example of consumer health information as a basic component of primary health care, and of the role CHI can play when it is built in to the standards and goals of libraries and the institutions they serve.

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2. Kravitz M. The Health Workshop: design to evaluate to prototype in primary nursing care. *Nurs Pap* 1981;13(1):71.
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NEWS AND NOTES

VERSION FRANCAISE DE "MESH ONLINE"

Une version française de l'article "MeSH Online" par D. Kharouba, ayant parût dans la revue BMC v. 9(1), est disponible gratuitement, en écrivant à:

Centre bibliographique des sciences de la santé
Institut canadien de l'information scientifique et technique
Conseil national de recherches Canada
Ottawa, Ontario K1A 0S2

FLOOD IN HOSPITAL LIBRARY

On August 3, 1987, the hospital library at the Hospital for Sick Children was seriously damaged by a flood. Several thousand bound volumes were soaked and many had to be discarded. The library welcomes donations of any duplicates to replace the lost volumes. For a list of titles needed, please contact Deidre Green, Director, Hospital Library, Hospital for Sick Children, 555 University Avenue, Toronto, Ontario M5G 1X8. Tel: (416) 598-6693. Thanks for any assistance you can give!

COMPUTER ASSISTED INSTRUCTION AT MCMASTER

The Health Sciences Library has set up a microcomputer lab in conjunction with the Learning Resources group of the Faculty of Health Sciences. The primary purpose of the lab is to serve as an educational tool, while at the same time making students familiar and comfortable with computers. There are now thirty-eight software packages available for use by medical and nursing students. Most of the packages were purchased from commercial vendors, but were developed by faculty at other medical schools, in particular at Harvard Medical School. McMaster is developing several packages of its own, and already has some available for specific medical problems. The latest of these, called "Mr. Paine", presents five simulated patients, each arriving at the emergency department complaining of pain. Students can then use a menu to find out what is causing the pain, and attempt a diagnosis and treatment. All software packages are fully catalogued and appear in the microfiche catalogue. They can be borrowed through the Audiovisual Department for in-library use only.

MEDLINE ON COMPACT CAMBRIDGE AT CALGARY GENERAL HOSPITAL

The hospital library at the Calgary General Hospital has subscribed to MEDLINE ON COMPACT CAMBRIDGE. The library rents a CD-ROM reader and board from Cambridge, and now has 1986 Medline and the first two quarters of 1987 on disc. Library staff have developed a new operating manual and a training program to help library users familiarize themselves with the system. Elizabeth Kirchner reports that the CD-ROM program is very successful; and that residents, physicians, and nursing staff are pleased with this new service. For more information on how COMPACT CAMBRIDGE was implemented in this library, contact:

Elizabeth M. Kirchner, Chief Medical Librarian
Hospital Library, Calgary General Hospital
841 Centre Avenue East
Calgary, Alberta T2E 0A1
Tel: (403) 268-9234
Envoy 100: EM.KIRCHNER

TORONTO HEALTH LIBRARIES ASSOCIATION MEETINGS

The first meeting of the THLA 1987-88 season, on October 26, addresses the issue of "Pay Equity". The guest speaker is Mr. Rueben Benmergui, Director of Personnel at Oshawa General Hospital. A well-rounded program of events has been planned for the rest of the year, including a CE course on workload measurement and a "how-to" session on disaster planning and procedures. For more information on THLA meetings contact:

Tsai-o-Wong, President-Elect THLA
Mississauga Hospital
100 Queensway
Mississauga Ontario L5B 1B8
Tel: (416) 848-7394

FROM THE HEALTH SCIENCES RESOURCE CENTRE

Maureen Wong

Head, Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
Ottawa, Ontario

As the new Head of HSRC, I would like to take this opportunity to thank you all for your past support of HSRC and CISTI as a whole. I look forward to working closely once again with the health sciences information community in my new role. Through this column, we will continue to keep you informed on new developments at the Centre and at CISTI.

NEW STAFF MEMBER

The Biomedical Information Specialist position left vacant by Suzanne Maranda is now filled by Mary-Lou Veeken who has worked in the Cataloguing Department of CISTI since January 1984. Mary-Lou will be responsible for user education and support for MEDLARS. In addition to co-ordinating the network of Canadian MEDLARS Centres, she also provides reference service. In April and May this year, Mary-Lou worked on secondment at HSRC.

MEDLARS TRAINING

Traditionally, in the fall of each year, HSRC travelled across the country offering update and strategy workshops. Since NLM has announced its plans to replace the in-person update programme with a special update issue of the NLM Technical Bulletin, we have decided that this year we will travel with

an introductory and/or advanced workshop. Please call us at (613) 993-1604 should you want more information concerning our MEDLARS workshops.

CHOOSING A PC AND PERIPHERALS

HSRC has compiled a selected list of articles that may be helpful in choosing a microcomputer for searching purposes. We will be happy to supply upon request a copy of this bibliography.

COLLECTIONS DEVELOPMENT

The list of no known locations for journals indexed in MEDLINE and HEALTH was distributed to 240 MEDLARS centres. A list with locations that were reported was passed on to CISTI's Union List division so that the holdings can be updated. After reviewing the final list of titles not held by Canadian libraries, we have recommended a few titles for purchase.

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE

Maureen Wong

Chef du Centre bibliographique des sciences de la santé
Institut canadien de l'information scientifique et technique
Ottawa, Ontario

En ma qualité de nouveau chef du Centre bibliographique des sciences de la santé, j'aimerais profiter de l'occasion qui m'est offerte pour vous remercier de l'intérêt que vous manifestez pour le CBSS et pour l'ICIST. Par le biais de cette chronique, nous continuerons de vous informer des derniers développements survenus au Centre et à l'ICIST.

NOUVEAU MEMBRE DU PERSONNEL

Le poste de spécialiste en information biomédicale laissé vacant par Suzanne Maranda a été comblé par Mary-Lou Veeken, entrée au service de l'ICIST en janvier 1984 à titre de bibliothécaire de catalogage. Mary-Lou sera chargée de la formation des utilisateurs du MEDLARS, du suivi, de la coordination du réseau des centres du MEDLARS au Canada et de la prestation de services de référence. Au mois d'avril et mai de cette année Mary-Lou avait été détachée au Centre.

FORMATION AU MEDLARS

Comme chaque année à cette époque, le CBSS donnera à travers le pays, une série d'ateliers d'actualisation et de perfectionnement en matière de stratégies de recherche. Etant donné que la NLM a annoncé son intention de remplacer le programme d'actualisation

offert au personnel du CBSS par un numéro spécial de mise à jour du Technical Bulletin de la NLM, nous avons décidé cette année d'offrir à travers le Canada un atelier d'introduction ou de perfectionnement ou les deux. Pour de plus amples renseignements sur les ateliers du MEDLARS, veuillez composer le (613) 993-1604.

LE CHOIX D'UN OP ET DES PERIPHERIQUES

Le CBSS a dressé une liste d'articles pouvant s'avérer utiles lors du choix d'un micro-ordinateur pour la recherche documentaire. Nous serions heureux de faire parvenir cette bibliographie à tous ceux qui en feront la demande.

ENRICHISSEMENT DES COLLECTIONS

La liste des revues indexées dans les fichiers MEDLINE et HEALTH pour lesquelles aucune localisation n'était connue, a été envoyée à 240 centres du MEDLARS. Les localisations qui nous ont été rapportées a ensuite été envoyée à la section du Catalogue collectif de l'ICIST. Après avoir examiné la liste des titres pour lesquels il n'existe aucune localisation au Canada, nous avons recommandé l'achat d'un certain nombre de ces titres.

MEETINGS/WORKSHOPS

Online Databases for Health Professionals

Location: Bell Trinity Square, Toronto, Ontario

November 13 or 20, 1987; February 12 or 19, 1988

The Continuing Education Office, Faculty of Medicine, University of Toronto offers this course on computers in medicine, which will focus specifically on "Online Databases for Health Professionals". The one-day course, to be repeated on four different dates, will provide an opportunity for "hands-on" searching of the MEDLINE database, with the assistance of trained librarians. The course fee is \$150. The course is being planned in collaboration with InfoHealth, an online information service of the Canadian Hospital Association, and Telecom Canada. More information on the course may be obtained from Continuing Education, Faculty of Medicine, Medical Sciences Building, Toronto, Ontario M5S 1A8. The telephone number for course enquiries is (416) 978-2718.

Ontario Health Libraries Association 2nd Annual Meeting

Location: Metro Toronto Convention Centre, Toronto, Ontario

November 29 - 30, 1987

OHLA will have its second annual meeting on November 30, 1987 at the Ontario Hospital Association Convention in Toronto. This is the first time that OHLA will participate in the OHA Convention as a "section". The theme of the meeting is "Management Strategies for the Small Library: Commitment, Courage and a Lot of Heart". The principal speaker will be Guy St. Clair, author of "Managing the One Person Library". Registration for the meeting is included in the registration for the OHA Convention.

In addition to the Annual Meeting, OHLA will hold a CE Workshop on Sunday, November 29th; MLA CE246: Budgeting for Small Libraries. The course will be given by Jean Antes, founder of the first rural circuit librarian program in the U.S. Please note that registration for this course is separate from the convention. Registration is limited to 30 participants.

For more information, contact:

Susan Hendricks, Oshawa General Hospital
24 Alma Street, Oshawa, Ontario L1G 2B9
Tel: (416) 576-8711 ex 3334

**ITCH '87: A Conference Examining Information Technology in
Community Health**

Location: The Coast Harbour Towers, Victoria, British Columbia
November 22 - 25, 1987

ITCH '87 will review the effectiveness of information technology currently in use in the delivery, monitoring and planning of Community Health Services. In addition, the examination of future directions, trends and impact of information technology in the Community Health sector will be explored. ITCH '87 is sponsored by the University of Victoria School of Health Information Science and the Canadian Public Health Association. For more information, contact:

Mr. Tom Lietaer, Conference Services
University of Victoria, PO Box 1700
Victoria, British Columbia V8W 2Y2
Tel: (604) 821-8475
EMS: MHN@UVVM.BITNET

Database End-Users: Experiences, Problems, and Prospects

Location: Faculty of Library and Information Science,
University of Toronto, Toronto, Ontario
November 27, 1987. 9:00 - 4:30

Database vendors have recently begun to create and market online and CD-ROM products specifically for searching by the end user, or the person with the information need. This workshop is designed to explore the issues raised by this trend. Speakers who have been involved in planning, implementing and evaluating end user systems will share their experiences and problems. A panel of librarians from different library settings (academic, special, community college and public libraries), will also comment upon the prospects for end-user service in their own type of setting. This workshop will be of particular interest to health sciences librarians, since a number of the key speakers will be from health sciences libraries (Tom Flemming and Lynda Baker from McMaster, Rita Shaughnessy from the Toronto General Hospital and Joanne Marshall from FLIS). For further information, contact U of T Faculty of Library and Information Science, Continuing Education, 140 St. George St., Toronto Ontario M5S 1A1. Tel: (416) 978-7111.

NEW PUBLICATIONS

Flower MA. Libraries Without Walls: Blueprint for the Future. Report of a Survey of Health Science Library Collections and Services in Canada.[Toronto]: Joint Project of the Special Resource Committee on Medical School Libraries of the Association of Canadian Medical Colleges, and the Canadian Health Libraries Association, 1987. 148 p.

This report provides an analysis of health sciences libraries across Canada today, with comparisons to highlight trends over the years. Major changes noted since the last comprehensive study in 1962 are (a) very substantial growth, (b) the much-needed establishment and operation of the Health Sciences Resource Centre at CISTI, and (c) the advent of sophisticated technological advances. The evidence indicates that growth over the past five and ten years, however, has not nearly kept pace with expanding needs and with expenditures in other aspects of Canada's health enterprise. In addition to a summary of the issues which Canadian health sciences librarians must now resolve, the report concludes with recommendations related to technology, finance, and administrative accommodations within and between health care institutions. Copies are available from:

Canadian Health Libraries Association/
Association des bibliothèques de la santé du Canada
Box / CP 434
Station/Succursale K
Toronto, Ontario M4P 2G9

Canadian Medical Association Committee on the Health Care of the Elderly. Health Care for the Elderly: Today's Challenges, Tomorrow's Options. Ottawa: CMA, 1987. 79 p.

This major report, directed toward both the public and health professionals, was recently released at the CMA's annual general council meeting. The report identifies many strengths and weaknesses of the present health care system for the elderly in Canada. It also recognizes many critical areas, several of which are non-medical, that affect the independence of the elderly. Recommendations are directed to the numerous groups whose actions affect the lives of the elderly. Copies of the report, in English or French, are available for \$10 from the Canadian Medical Association, PO Box 8650, Ottawa K1G 0G8.

Jaegglin RB, Drutz N, comps. **CRCD Rehabilitation Classification Scheme: A Specialized Subject Cataloguing System for Rehabilitation Information.** 3rd ed. Toronto: Canadian Rehabilitation Council for the Disabled, 1987. 192 p.

In February 1985, the library of the Canadian Rehabilitation Council for the Disabled (CRCD) commenced this major revision of its specialized cataloguing system, the **CRCD Rehabilitation Classification Scheme**. The third edition of the scheme incorporates two entirely new features: a Rehabilitation Thesaurus, and a list of standard subdivisions. A more detailed introduction will also assist the classification scheme user in understanding the cataloguing process. Another of the major improvements is the visual layout, with each subdivision clearly indented to illustrate its hierarchical relationship. The 3rd edition is designed for insertion in a ring binder to allow for future modifications. CRCD member organizations and Information Subscribers receive a complimentary copy with additional copies available upon request. Individual copies are available to others for \$10.00 plus \$2.00 postage and handling. Cheques should be addressed to the Canadian Rehabilitation Council for the Disabled. Additional information may be obtained from the CRCD Library, Suite 2110, One Yonge Street, Toronto, Ontario M5E 1E5. Tel: (416) 862-0340.

AIDS Information

A new publication by the Canadian Public Health Association, called **The New Facts of Life**, deals with education and public awareness rather than with the epidemiologic or clinical aspects of the disease. This newsletter contains the latest information on AIDS-related resources, community groups, future events, programs, and other issues of concern to health professionals and the public. To be added to the mailing list, contact the Canadian Public Health Association, Suite 210, 1335 Carling Ave., Ottawa Ontario K1Z 8N8. Tel: (613) 725-3769.

The Ontario Ministry of Health has published a revised 48-page booklet called **Understanding AIDS and HIV Infection** that is aimed at countering the concern about the disease and virus among hospital and health care employees. The booklet includes a chapter on precautions employees can take and deals with such ethical concerns as refusal to care for an infected patient. Free copies are available from the Ministry of Health, Health Information Centre, 9th Floor, Hepburn Block, Queen's Park, Toronto Ontario M7A 1S2. Tel: (416) 965-3101.

POSITION AVAILABLE

ASSISTANT HEAD, TECHNICAL SERVICES DIVISION **Health Sciences Library, Memorial University of Newfoundland**

The Health Sciences Library of Memorial University of Newfoundland is seeking candidates for the position of Assistant Head, Technical Services Division. This position reports directly to the Head, Technical Services Division and, in the absence of the Head, is responsible for the supervision of the Division's nine FTE support staff.

DUTIES AND RESPONSIBILITIES: The primary function of this position is to conduct a comprehensive review of the Division's policies and procedures and to submit recommendations to the Head, Technical Services. In addition, the successful applicant will be responsible for evaluating vendor performance and selection; planning and supervising a stack shift of the Library's journal collection of approximately 50,000 volumes; and organizing and coordinating a local union list of serials for the St. John's hospital libraries. Other divisional responsibilities include: assisting the Head, Technical Services in planning for the implementation of an on-line system; assisting in the interpretation and application of AACRII; and working on special projects as required.

The successful applicant will also assist in the provision of information services to the Library's clientele and will participate in the monthly meetings of the Library's professional staff where general Library programmes and policies are discussed.

QUALIFICATIONS: An MLS or BLS from an accredited programme is required. A minimum of two years experience in technical services, preferably in the health sciences, is a prerequisite for the position. Experience in serials is essential. Knowledge of and interest in the application of on-line systems in a technical services environment is highly desirable.

This position is offered on a two-year contractual basis. While the date of appointment is negotiable, the deadline for application is December 18, 1987. Those interested in being considered for this position should forward their resumé and the names of three references to:

C. Quinlan, Health Sciences Librarian
Health Sciences Library, Health Sciences Centre
Memorial University of Newfoundland
St. John's, Newfoundland A1B 3V6

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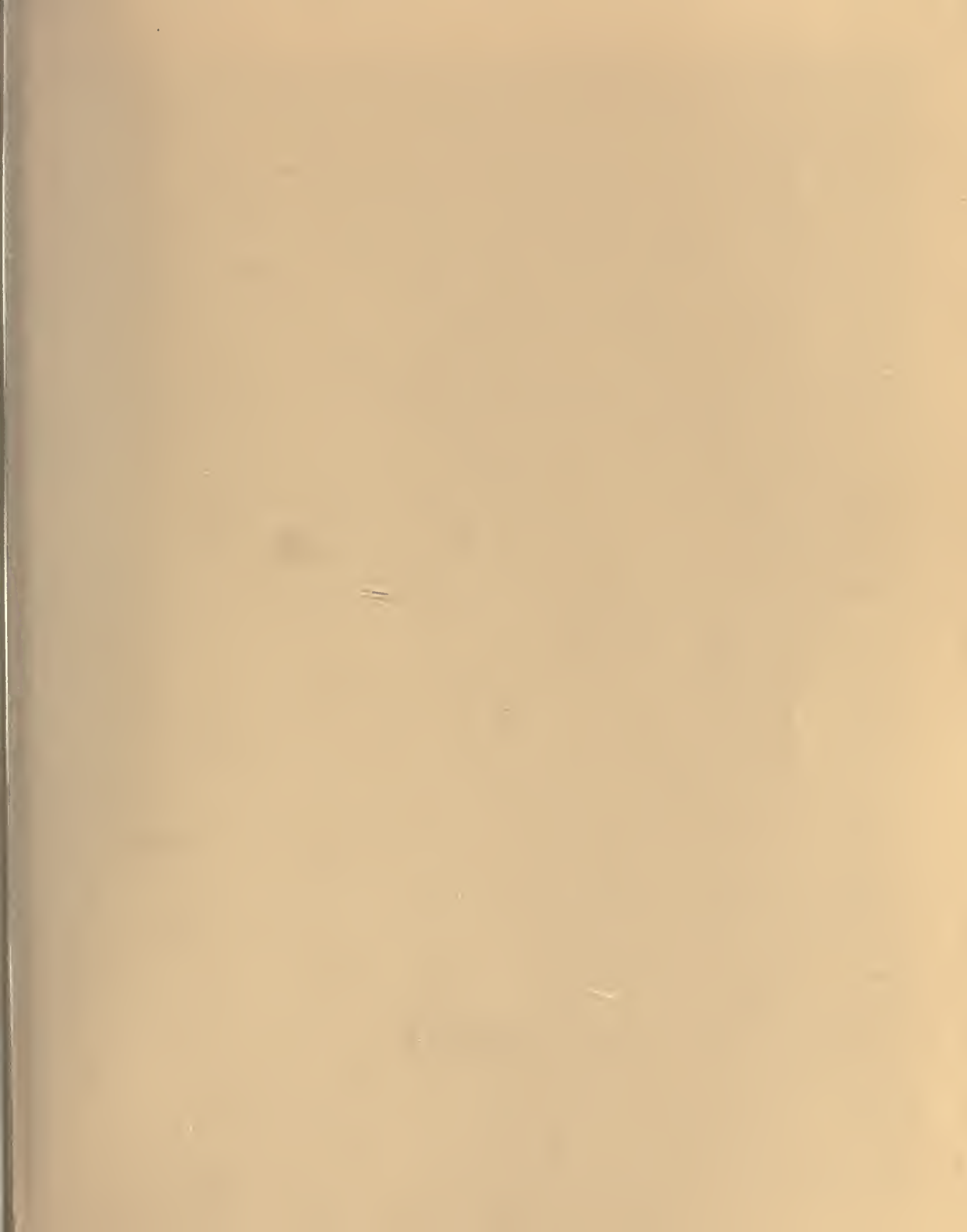
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440 Oak Street
Vancouver, B.C. V6H 3V4
Tel: (604) 875-2154

Pat Lysyk
Woodward Biomedical Library
University of British Columbia
2198 Health Sciences Mall
Vancouver, B.C. V6T 1W5
Tel: (604) 228-4440

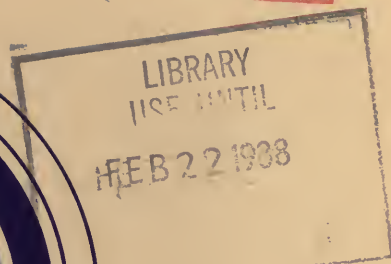
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ADDENDUM

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INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTEURS

The *Bibliotheca Medica Canadiana* is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library. Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome.

La *Bibliotheca Medica Canadiana* a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires travaillant dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillent dans les bibliothèques de petite taille et les bibliothèques relativement isolées. Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus.

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INFORMATION FOR CONTRIBUTORS

MANUSCRIPTS

The editors of *Bibliotheca Medica Canadiana* welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada.

Contributions should be submitted in duplicate and the author should retain one copy. Contributions should be typed double-spaced and should not exceed six pages or 2100 words. Pages should be numbered consecutively in arabic numerals in the top right-hand corner. Articles may be submitted in French or in English but will not be translated by the editors or their associates. Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the *Oxford English Dictionary*; exceptions shall be at the discretion of the editors. Contributors who wish to submit their work in machine-readable format should contact the editors in advance to ensure that compatible equipment is available in the editorial offices.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

REFERENCES

All references should be given in the Vancouver style; see *Canadian Medical Association Journal* 1985;132:401-5. Contributors are responsible for the accuracy of their references. Personal communications are not acceptable as references. References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

ILLUSTRATIONS

Any illustrations or tables submitted should be black and white copy camera-ready for print. Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text. Illustrations and tables should include appropriate titles.

AVERTISSEMENT AUX AUTEURS

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Les rédacteurs de la *Bibliotheca Medica Canadiana* sont à la recherche de manuscrits ou d'autres renseignements portant sur le vaste domaine de la bibliothéconomie dans le contexte des sciences de la santé. Nous recherchons tout particulièrement des articles relatifs à la situation au Canada et à des thèmes d'actualité.

Les articles devraient être remis en deux exemplaires et l'auteur devrait en garder une copie. Les articles devraient être dactylographiés en double espace et ne devraient pas dépasser six pages ou 2100 mots. Prière de numérotter les pages consécutivement en chiffres arabes en haut de la page à droite. Les articles peuvent être remis en français ou en anglais, mais ils ne seront pas traduits par la rédaction ou par les associés de la rédaction. Le style d'expression écrite se conformera à l'usage et à la syntaxe acceptables du français; il est préférable d'éviter l'argot, les sigles et autres abréviations obscures. L'orthographe se conformera à celle du Robert; les exceptions à cette règle seront à la discrétion de la rédaction. Les auteurs qui désirent remettre leurs manuscrits sous forme électronique devraient communiquer à l'avance avec la rédaction afin de s'assurer que l'équipement compatible est disponible aux bureaux de la rédaction.

Tout article devrait s'accompagner d'une lettre de couverture fournissant les informations suivantes: nom de l'auteur (dactylographié), son titre et lieu de travail, ainsi que tout autre détail que l'auteur jugerait utile à la rédaction.

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Toute référence devrait être citée selon le style dit de Vancouver; voir le *Journal de l'Association médicale canadienne* 1985; 132: 401-5. Les auteurs sont responsables de l'exactitude de leurs références. Les communications de nature personnelle ne sont pas acceptables comme références. Il ne faut citer une référence à un ouvrage inédit que si ce dernier est disponible à une adresse indiquée par l'auteur.

ILLUSTRATIONS

Les illustrations et les tableaux doivent être en noir et blanc, et prêts à l'impression. Les illustrations et les tableaux doivent être clairement identifiés en chiffres arabes et avoir des renvois clairs dans le corps du texte. Les illustrations et tableaux doivent comporter des titres pertinents.

BIBLIOTHECA MEDICA CANADIANA NEWS AND NOTES

The editors welcome news items from members of the Canadian Health Libraries Association, or any news that may be of interest to members. Please feel free to copy this form in any way for submission, and to attach separate sheets for lengthy items.

APPOINTMENTS ? Who _____
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PROMOTIONS ? Who _____
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Lynn Dunikowski, Editor
Bibliotheca Medica Canadiana
Canadian Library of Family Medicine
Natural Sciences Centre
University of Western Ontario
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BIBLIOTHECA MEDICA CANADIANA



The Bibliotheca Medica Canadiana is published 4 times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of contributors and the editor and not the CHLA.

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1988

- i Information for Contributors
- iv Newsgathering Form
- 129 From the Editors
- 130 Letter to the Editors
 - Varying Journal Editions
- 131 A Word from the President
 - Greenwood
- 133 Quelques Mots de la Présidente
 - Greenwood
- 135 Report: Task Force on Hospital Library Standards - Greenwood
- 137 Continuing Education: MLA Certification - Waluzyniec

CONFERENCE PAPERS

- 139 Management Strategies for the Small Library - St. Clair

ORIGINAL PAPERS

- 144 Measuring Workload - Gillespie
- 151 The Hospital Library as Nurses' Library - Patrick
- 155 Disability Resource Library Network - Jaeggin
- 158 Services Rendered by Psychiatric Hospital Libraries - Banks
- 163 Subsets of MEDLINE on a University Campus - Groen

... continued

NEWS AND NOTES

- 169 Flower Report Out of Print
- 169 CHLA/ABSC 10th Anniversary
Award
- 169 Update from THLA
- 170 Gerry Oppenheimer Retires
- 170 News From NAHLA
- 171 People on the Move
- 171 Group Access to Online
Information
- 172 From the HSRC - Wong
- 173 Du CBSS - Wong
- 175 Meetings / Workshops
- 178 CHLA Board / BMC Staff

FROM THE EDITORS

We are pleased to bring you the first *Bibliotheca Medica Canadiana* of 1988! It seems almost impossible to resist making resolutions and plans for a New Year, so here are ours for 1988. Our resolve as editors is to bring you a wide range of articles from the health libraries community, and to keep you up to date on the activities and news of our association, CHLA/ABSC. As you may have noticed, it's always very easy to help others with their New Year's resolutions, so we invite you to help us with ours. You can help by giving us some feedback about BMC--by writing to us, or calling us, or sending us Envoy messages. We need to learn about what kind of articles you would like to read; we need news from your area of the health libraries community; and we need suggestions as to new items of content for the journal. Would you like to see brief capsules of articles from other library and information science journals? Is there a particular theme of importance that we have been neglecting? Please let us know--our addresses are on p. i and the last page of this issue.

Lynn Dunikowski

Lynn Dunikowski
Editor

One of our plans for 1988 is to look into the purchase of a new laser printer, to further improve the appearance of BMC. If we are successful, we, and future editors, can look forward to easier production, and our readers can look forward to looking at printed pages that approach more nearly the quality of typeset pages. We hope to be able to move from 10-pitch type back to 12-pitch, thus both improving readability and increasing the limit on number of words per page. If there are any readers who have recently gone through the exercise of selecting a laser printer for an IBM PC compatible system, we'd be happy to hear from you.

In this issue we present articles on a variety of topics--from workload measurement through management techniques to new methods of accessing bibliographic information. We hope there will be something of interest to everyone--and, if there isn't, please let us know! Best wishes to all our readers and contributors for a happy and successful 1988!

Claire Callaghan

Claire Callaghan
Assistant Editor

LETTER TO THE EDITORS

Editor's note: The following letter, which expresses concerns of CHLA/ABSC with the practice of publishing varying editions of a journal, was sent to Marlene Jensen, Vice President, Magazines, Springhouse Corporation in November 1987, and copied to the editors of BMC. Readers are invited to comment, and to submit titles of other journals with similar publication practices.

Dear Ms. Jensen:

At the October meeting of the Canadian Health Libraries Association/ Association des Bibliothèques de la Santé du Canada, a letter from Linda Derrick of the Winnipeg Health Sciences Centre concerning the varying editions of *Nursing '87* was circulated. Your response of August 31, 1987 was also circulated at the meeting.

CHLA/ABSC - which has a membership of more than 250 librarians and health professionals in hospitals, academic institutions, professional associations and government agencies - is primarily concerned with the promotion of quality health care information.

With this mandate in mind, we must question the "customizing" of material as practiced by the publishers of *Nursing '87*. "Customizing" is not widely practiced in the health sciences. However, when a journal is published in specialty sections, such as the *American Journal of Physiology*, the publishers ensure that there is an authoritative edition composed of sections, that all readers and contributors can easily identify.

In contrast, the public is not well informed of the different editions of *Nursing '87*. This is a disservice to authors and to subscribers, as Ms. Derrick clearly points out.

Moreover, surely it is only responsible publishing practice to allow the subscriber to select what editions he/she wants to read of a multi-edition publication. Your assumption that "if you're a staff nurse, you'd have little interest in articles aimed at Directors of Nursing..." is demeaning and censorious.

In the interests of both responsible publishing and an informed health care profession, we urge the publishers of *Nursing '87* to review seriously its publication policies.

Yours sincerely,

Jan Greenwood, B.A., M.L.S.
President, CHLA/ABSC

A WORD FROM THE PRESIDENT

Jan Greenwood

Manager of Library Services
Ontario Medical Association
Toronto, Ontario

A very full Board meeting, hosted in Calgary by President-Elect, Bill Maes, was fuelled in part by a groundswell of interest generated at the chapter level. In particular chapter presidents responded thoughtfully to requests for contributions to the strategic planning process. Other issues which consumed considerable time were the changing roles of Board members in relation to the newly established Secretariat, continuing education, the public relations campaign and, of course, the 1988 CHLA/ABSC Annual Conference which will be covered elsewhere in this issue of BMC.

STRATEGIC PLANNING

At the time of writing, a draft of suggested implementation strategies for previously adopted goals and objectives has been distributed to the twelve chapter presidents. The Board was in full agreement that a final version should be circulated as widely as possible among the broad membership, and I am currently in the process of developing such a document for BMC and, possibly, for

publication as a separate occasional paper of CHLA/ABSC.

The very nature of strategic planning is that it is a cyclical process subject to continual review, but with the broad input we have received we should be able to produce before the end of this Association year a plan which will require only minor modification during the next 3 - 5 years.

TERMS OF REFERENCE FOR BOARD MEMBERS

With a change in the office of the treasurer and the establishment of the Secretariat coinciding in one Association year a significant proportion of the Board's time was spent on reviewing the terms of reference for each member in relation to the Secretariat. Since the meeting, terms of reference for the Secretariat have been circulated to, and approved by, Catherine Krause-Quinlan and Dorothy Davey.

Bev Brown and I will re-draft the Executive Manual for discussion at the March Board meeting. By simp-

lifying and clarifying the duties of the Board members we hope that more CHLA/ABSC members will, in future, be encouraged to run for office and that those who do serve will be better prepared and supported.

EDUCATION

The Board continues to seek ways of improving CE opportunities for CHLA/ABSC members, both at the local level and at the Annual Conference. Copies of a new CHLA/ABSC Workshop Manual have been circulated to all twelve chapter presidents but Ann Barrett, CE Co-ordinator, reported a disappointingly low response to her CE survey. Please do remember to forward suggestions for courses, the BMC CE Column or other ways in which we might better serve your CE needs.

PUBLIC RELATIONS AND MEMBERSHIP

We continued at the October Board meeting to respond to Hanna Waluzyniec's enthusiasm for pursuing public relations and marketing strategies. For the first time we were able to preview the new CHLA/ABSC stationery designed and produced at McGill.

Since the Board meeting we have gone ahead with the planned PR campaign directed at hospital administrators across Canada and the response has been extremely encouraging, if somewhat overwhelming! The OMA absorbed many of the

costs associated with producing the English letter; the Secretariat took responsibility for the French version. It would take approximately fifteen new memberships to cover our mailing costs, but the purpose of the campaign was really to create an awareness of CHLA/ABSC and health librarianship in general rather than to attract new members. Nonetheless, we have received a significant number of requests for membership forms and CHLA/ABSC members have reported favourably upon the effect of the campaign in their individual institutions.

If your Administrator has forwarded the PR letter to the Library, may I suggest that you post it (or the brochure) on your public bulletin board so that other health professionals may become aware of CHLA/ABSC. Additional brochures and membership forms may be obtained from the Secretariat.

Members of the Board and CHLA/ABSC members-at-large will all be sorry to lose Hanna Waluzyniec from the health care field. Hanna has accepted another position within the McGill library system (see PEOPLE ON THE MOVE), but gracious to the last, has agreed to serve out her term on the Board; it must be the effect of the etiquette course she took this year, details of which enlivened Board meetings considerably! Hanna, we will all miss your good humour and hard work; you taught us that Board meetings can indeed be fun!

QUELQUES MOTS DE LA PRESIDENTE

Jan Greenwood

Responsable des services
de bibliothèque
Association médicale de l'Ontario
Toronto, Ontario

Grâce à la participation animée des chapitres non moins qu'à l'accueil, à Calgary, par le nouveau président M. Bill Maes, notre réunion a été très chargée. Je souligne en particulier le concours des présidents des chapitres au processus de planification. Questions pertinentes aussi que celle de l'évolution du rôle des membres du Conseil d'administration vis-à-vis la mise sur pied récente du Secrétariat, celles de l'éducation permanente et de la campagne publicitaire, et, bien sûr, la question de la Conférence Annuelle CHLA/ABSC 1988 dont il s'agit ailleurs dans ce numéro.

LA PLANIFICATION

Au moment de la parution de ce numéro, les douze présidents des chapitres recevaient une ébauche des stratégies d'application relatives aux objectifs adoptés auparavant. Le Conseil d'administration accepte qu'une version définitive de ces stratégies doive rejoindre autant d'adhérents que possible. Je suis donc en train de préparer un dossier analogue pour la BMC et j'envisage même la parution de ce dossier comme communication spéciale du CHLA/ABSC.

La nature même de la planification suggère un processus cyclique qui implique une remise en question fréquente mais, grâce à l'apport

général, nous devrions être en mesure d'établir, avant la fin de cette année, un plan qui n'aurait besoin que de légères mises au point durant les trois à cinq prochaines années.

MODALITES RELATIVES AU CONSEIL D'ADMINISTRATION

La modification apportée au poste de Trésorier et la mise sur pied du Secrétariat ayant eu lieu dans une même année, le Conseil d'administration a dû consacrer beaucoup de temps à réviser les modalités pour chacun des adhérents vis-à-vis le Secrétariat. Depuis la réunion, les modalités relatives au Secrétariat ont été remises à Catherine Krause-Quinlan et Dorothy Davey qui ont donné leur approbation.

Bev Brown et moi allons refaire le Manuel du Conseil d'administration afin qu'on puisse en discuter lors de la réunion du Conseil en mars. Nous espérons que la simplification et la précision apportées aux fonctions des membres du Conseil d'administration encourageront un plus grand nombre d'adhérents à poser leur candidature. Ceux qui feront partie du Conseil d'administration seront par la suite mieux préparés et mieux appuyés.

EDUCATION PERMANENTE

Le Conseil cherche toujours à faciliter et à améliorer le perfectionnement des adhérents au CHLA/ABSC, tant au niveau local qu'à la Conférence annuelle. Des exemplaires d'un nouveau Manuel d'atelier du CHLA/ABSC ont été remis aux douze présidents des chapitres mais Ann Barrett, Coordinatrice de l'éducation permanente, regrette l'absence de réponses à son sondage d'opinion sur les besoins de perfectionnement. Nous vous prions de nous faire parvenir vos commentaires et vos conseils sur les cours désirés, sur les articles de la BMC consacrés à l'éducation permanente ou tout autres commentaires qui nous permettront de mieux répondre à vos besoins scolaires.

RELATIONS PUBLIQUES ET ADHESION

En octobre, à la réunion du Conseil d'administration, nous avons donné suite à l'intérêt marqué de Hanna Waluzyniec pour les relations publiques et le marketing. Pour la première fois, nous avons pu voir notre papier de correspondance avec en-tête dessiné et produit à McGill.

Depuis la réunion du Conseil d'administration nous avons initié la campagne des relations publiques visant les directeurs d'hôpitaux canadiens. Leur réponse a été encourageante, voire impressionnante. L'Association médicale de l'Ontario (OMA) a assumé une grande partie des frais propres à la version anglaise; le Secrétariat s'est acquitté du coût de la ver-

sion française. Malgré le besoin d'une quinzaine de nouveaux adhérents afin de régler nos frais de postes, le but premier de la campagne publicitaire était de faire connaître le CHLA/ABSC et, d'une façon générale, les bibliothèques de la santé. Toutefois, nous avons reçu un bon nombre de demandes d'adhésion et nos adhérents du CHLA/ABSC témoignent favorablement des effets de la campagne publicitaire dans leurs propres milieux.

Si votre représentant a déjà envoyé la lettre ou la brochure publicitaires à votre bibliothèque, puis-je vous demander de les afficher afin d'encourager d'autres collègues à prendre connaissance du CHLA/ABSC. Dépliants et formules d'adhésion sont disponibles au Secrétariat.

Les membres du Conseils d'administration ainsi que l'ensemble des adhérents du CHLA/ABSC regrettent la démission de Hanna Waluzyniec. Hanna nous quitte car elle vient d'accepter un poste au sein de la bibliothèque universitaire de McGill (voir "People on the Move"). Faisant toujours preuve d'une très grande bonté, Hanna a accepté d'exercer ses fonctions au sein du Conseil jusqu'à la fin de son mandat. Il s'agit sans doute des retombées du cours de bienséances qu'elle aura suivi cette année, cours dont les péripéties ont maintes fois animé les réunions du Conseil. Hanna, vous allez nous manquer; nous regretterons votre sens de l'humour et votre très grande aptitude au travail. Vous avez toujours su égayer nos entretiens.

REPORT OF THE CHLA/ABSC TASK FORCE ON HOSPITAL LIBRARY STANDARDS

Jan Greenwood, Chair

Manager of Library Services
Ontario Medical Association
Toronto, Ontario

At the meeting of October 2 - 3 the Task Force members devoted their energy, primarily, to revising CCHA Standards III - IV. Some minor changes were made to the earlier draft of Standards I and II. The remainder of the meeting addressed the need for background documents and the panel on hospital library standards planned for the 1988 CHLA/ABSC Annual Conference.

In addressing STANDARD III-DIRECTION AND STAFFING the ingenuity of the Task Force members was greatly challenged by the difficulty posed by the need for professional involvement in all hospital library services and the impossibility of hiring a professional librarian in every health care facility covered by the CCHA STANDARDS. A compromise was reached by allowing the concept of "direction by a professional librarian" to include consultative services in one form or another. A background document on staffing will serve to clarify needs at institutions of varying sizes and complexity.

STANDARD IV - FACILITIES, EQUIPMENT AND SUPPLIES has been greatly expanded to incorporate statements about space for library users and staff as well as the collection, technological innovations and safety and architectural factors. It is likely that the background document to this standard will take a

modular approach (e.g. X square feet per computer work station), rather than simply recommending overall footage based on bed-size or similar classification.

Proposed background documents include:

1. Classification of institutions
2. Terms of reference for library committees (sample)
3. Definition of departmental collections
4. Definition of various staffing levels
5. Sample position descriptions for all possible staff positions
6. Statement on continuing education opportunities
7. Spatial concepts and requirements for libraries, including sample lay-outs
8. Outline of policies and procedures manual (sample)
9. Sample quality assurance audits
10. Core collections

Whenever possible the Task Force will draw upon existing documents (e.g. ALBANY MANUAL) and would be very grateful for any contributions from CHLA/ABSC members (e.g. QA audits, position descriptions).

Since the October meeting STANDARD V - POLICIES AND PROCEDURES has been revised and the new STANDARD VI - INFORMATION RESOURCES

AND SERVICE PROGRAM drafted; these have not yet been ratified by the Task Force as a whole. The working principle for STANDARD VI is:

THERE SHALL BE EVIDENCE THAT THE LIBRARY USERS' NEEDS FOR INFORMATION SERVICES ARE BEING ASSESSED AND THAT THE SERVICES PLANNED AND PROVIDED ARE CONSISTENT WITH THOSE NEEDS.

It is highly unlikely that substantial revisions will be made to STANDARDS VII AND VIII (currently CCHA STANDARDS VI and VII).

The next meeting of the Task Force is scheduled for February 26 and 27, following which a complete draft of the document will be prepared for circulation with BMC (copy deadline: March 11). Since time will be of the essence, I urge you to make your comments and suggestions known to me as soon as possible. Copies of all revisions and Task Force minutes may be obtained from CHLA/ABSC chapter presidents or from any member of the Task Force.

CONTINUING EDUCATION

MLA CERTIFICATION

Hanna Waluzyniec

Head of Reference
McGill Medical Library
Montreal, Quebec

Ever since 1978, when I received my Medical Library Association certification, colleagues have been curious as to why I bothered writing the examination. It did not give me any immediate benefit in my career except perhaps to identify me as the one who had written the "new" examination. I remember many CHLA meetings when I felt obliged to defend the exam and to explain why a Canadian health sciences librarian would want to write an American exam. While it is true that the exam is produced in Chicago, it is no more American than the MCATs are American. There is a basic knowledge of health sciences librarianship which is universal. MLA acknowledged this premise in 1949 when they first accepted the principle of certification.¹ The first program was based on the theory that not all library school graduates were equally prepared to work in the health sciences environment. The American Library Association only accredits those schools which meet certain standards of education and MLA could then further certify that some of these graduates were better prepared to work in a medical library.

The original certification examinations were based on recall of details and historical knowledge. Following a change in philosophy in the field of educational testing, MLA devised a whole new program. The "Code for the Certification of Health Sciences Librarians" became effective in 1978 and was revised in 1981.² This new examination consisted of approximately 120 questions and was divided into three sections: public services, technical services, and administration. These questions tested competencies at three levels: 1) recall or recognition of factual information; 2) simple interpretation of limited data; and 3) application of knowledge to solve problems.³ MLA has always stressed that the examination focused on skills and knowledge which a health sciences librarian would be expected to acquire during the first two years in a health sciences library position.

Currently, the certification program at MLA is undergoing several changes. The Association wishes to grow and is actively seeking new members. Some of these do not have an MLS degree or they

have graduated from non-accredited library schools (one of the requirements for certification up to now had been an MLS degree from an accredited library school). Beginning in 1988, MLA is planning to implement a Certification/Registration program which will be more flexible than the previous program. It will continue to document only entry-level competencies in identified areas of health sciences librarianship. In addition, candidates will have to select an area of concentration in one of the following areas: public services, technical services or hospital librarianship.

I am not planning to write the new examination in 1988. I do not feel that at this point in my career it would have any real significance. Looking back these last ten years I feel I have indeed benefitted a great deal from my certification as it opened the way for me to be involved in MLA activities. From 1983 to 1986 I was a member of the MLA Certification Examination Review Committee. I participated in setting up parts of the new program, learning a great deal about the field of educational testing. As a member of this

Committee I also had the opportunity to work with some of the best medical librarians in North America. I would definitely encourage all health sciences librarians who are beginning their careers to apply for MLA certification. For more information about the program write to:

Professional Development Dept.
Medical Library Association
919 North Michigan Avenue
Suite 3208
Chicago, Illinois 60611
Tel: (312) 266-2456

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**COMMITMENT, COURAGE AND A LOT OF HEART:
MANAGEMENT STRATEGIES FOR THE SMALL LIBRARY***

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There is a movement going on in the library profession these days, and this presentation is a sign that it is happening. I am referring, of course, to the fact that one person/one-professional librarians can come together, under the auspices of an organization such as the Ontario Hospital Association, to spend some time talking about our mutual concerns and interests. As recently as four or five years ago, this would not have happened. The problems and pleasures of working alone or with minimal assistance in a medical library would not have been addressed at a conference such as this, or even, indeed, at conferences of the national and regional library associations. The one-person/one professional library was not considered an appropriate subject for such meetings, and in any case, according to the thinking, only those people who were somehow a little "behind," who weren't quite up to par, would be employed in such jobs. Well, those who thought like that were wrong, for now that one-person/one-professional librarianship has come out of the closet, as it were, every librarian working in a single-staff

or small-staff situation can find someone, some group, to talk with about his or her problems, interests, frustrations, goals, and specific management requirements. Whereas fifteen years ago no one knew what a one-person librarian was, today we are recognized as being approximately 30-50 % of the professional work force of Western librarianship. It's a good feeling to know that while you may work on your own, you are not alone.

Your conference theme provides an appropriate point of view for discussing management strategies for the small library, for commitment, courage and a lot of heart are characteristics any librarian should possess. In fact, in the small library in a hospital or other medical institution, the librarian simply cannot function without these qualities. They are part of a combination of factors which lead to success in the small library. Commitment is required because an agreement has been made, an agreement between the librarian and the hospital administration to provide the best quality library service she can provide. Courage is required because she is not afraid to try to meet the challenges that are called for in doing her job as well as she can. (And, quite frankly, in addition to courage, she must, as the conference theme suggests, be wise, for the

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one-person/one-professional librarian is not just "book-smart," she must be learned in the classical sense of the term, must have the intuition, the perception to know how to use her knowledge in order to do the best job she can. Finally, she is going to be emotionally involved, to have a lot of heart, because she recognizes that what she does is part of a bigger scheme. The librarian in a medical facility plays a role in human improvement. She has something to do with making life better for other human beings.

But why, if we are concerned with such higher callings, do we talk about strategies? Is not the very concept of "strategies" a negative, pejorative, militaristic sort of concept? Certainly the dictionary definitions scare us away: "Strategy" is the art of devising or employing plans or stratagems toward a goal. A "stratagem" is a cleverly contrived trick or scheme for gaining an end. These are not positive terms. These are frightening terms, implying some sort of manipulation, deviousness, or otherwise rather inhumane approach to our work. Can this be? Are we not, in hospital libraries, trying to be just the opposite? Of course, and what we do with the concept of strategies is simply to turn it around, to apply it to the management of our libraries, and to reap the benefits of whatever ends we can produce by using these strategies (as altered for our work) to achieve those ends. We have a goal. We are committed to providing quality library service, providing it, by the way, with minimal staff. We achieve these goals by looking at management techniques which will enable us to do that with the best success possible.

One of the first things we look at is how we run the library. Despite the erroneous perceptions of the lay public, running a library is not easy. A library cannot be run as if it is someone's hobby. The library is, first and foremost, a business, and it must be run in a businesslike manner. Gone are the days when the hospital library was a roomful of books and bound journals, when the librarians's only job was to keep them on the shelf and know who had borrowed what. Today, the librarian is an information provider, a skilled professional who manages a facility within the hospital which encompasses the vast array of information and information technology. She must bring to her job the learned skills which enable her to interact with administrators, staff, and anyone else who is part of that vast group of constituent users which her facility serves. She must know the lines of authority in the institution, she must understand the role of management, the organizational hierarchy, and, most important, she must know how to use management -- the hospital administration -- to realize for the library those things she must have to serve the hospital as well as she can.

Part of the librarian's work, of course, has to do with how well she manages the library by herself. Unlike other librarians, the one-person/one-professional hospital librarian does not have anyone else to turn to for professional decisions, nor does she have another professional with whom she can interact for organizing and planning what has to be done. It falls to her to be her own motivator. She is required, on her own initiative, to employ effective time management techniques, to under-

stand the value of planning, to learn how to establish appropriate goals and then take whatever steps are necessary to achieve them. It sounds simple when we outline it like this, but managing a one-person/one-professional medical library facility requires, more than anything else, a level of discipline, a level of effective self-management, that simply cannot be compared to any other kind of librarianship. It requires, in effect, a determination not to succumb to the temptations of bad management. Proper management techniques, time management, planning, effective budget organization, and, particularly, effective communication with management and users, are all required for the maintenance of the one-person/one-professional medical library.

Planning, for example, should not be something that we save in reserve. Planning is something we do every day, and if we don't, therein lies the root of all of our disorganization and our inability to "get everything done." It's so obvious when we think about it. We plan, according to G. Edward Evans¹, for five simple reasons:

- Planning conserves time
- Planning combats uncertainty
- Planning focuses on objectives
- Planning is critical for efficiency
- Planning = control

Planning and managing are part of the picture for running a one-person/one-professional library, but they are only part. Marketing that library and its services is equally important, and it is through the librarian's marketing and promotional efforts that the library is going to be used. Marketing is also a highly effective

way of affirming the importance of the library to the parent organization, as well as a good method for demonstrating the librarian's professional worth. Just as no one is going to use a library he never hears about, so no one is going to value the librarian if no one knows what goes on in the library.

Why are we particularly interested in this part of library work? Are we not busy enough, in our one-person/one-professional hospital libraries, to leave the promotion to someone else? It won't work. The whole point of the exercise is to provide service, and quality service, at the risk of appearing simplistic, is the result of letting others know what can be done, what can come from the library or information unit. "One of the most difficult jobs of the business librarian" according to Shirley Echelman (and I contend that one can substitute the term "hospital librarian" for "business librarian") is to convince management that good information service is worth the money. Many library managers try to circumvent this problem by making do with less than they really need in order to do the job. In my opinion, the correct way to tackle the problem is to market the library's services aggressively..."²

Marketing, therefore, may be seen as the most basic and indeed one of the most important skills the librarian needs. However, in a busy small library it is tempting to assume that there is no time for promotion. Added to this might be a fear of being inundated by requests for help. Keep in mind, however, that answering readers' queries and getting the right information to the right people with as little delay as possible is

the primary aim of an information service. Since we are dealing with information anyway, and since the users are there, why not concentrate some of the effort on conveying information about the library to users and potential users? That is marketing, as defined above. Keeping a low profile won't do it.

In all of this, attitude means much, and this brings us to our concluding thoughts about this idea of management strategies for the small library. The librarian who makes a user feel that his enquiry is welcome will find people attracted to the library. Good service is the best form of communication and marketing. In no place is it easier to grow stale, to become complacent, than in a one-person/one-professional library, and it happens all the time. Without stimulation from the work, the users, colleagues outside the hospital, and the administration itself, the single-staff librarian runs the risk of becoming so introverted and so limited that the work of the library will suffer.

How is this unhappy state avoided? By knowing what the library is and what it has to offer. To know these things, the librarian must give some thought to herself and her role in the library. Does she have a clear picture of what she is supposed to be doing in the library? Perhaps it is time to think about a little self-evaluation, questioning some of the ways we do things, and, indeed, some of the ways we look at our work.

Once we've looked at what we're doing, we can begin to think about our strategic planning. We've referred to the concept of "strategy" quite a bit today. There is a definition, in library terms, put

forth by William W. Sannwald, in his work, *A Strategic Marketing Plan for Public Libraries*. Sannwald suggests that "strategic planning is a process. The process begins with the setting of organizational aims, defines strategies and policies to achieve them, and develops detailed plans to make sure that the strategies are implemented."³

So we must look at all these things, tie them together, the planning with the marketing, the budgeting with the automation concerns (naturally), the networking with the time management, and come to some conclusions about what we want the hospital's library to be. And the bottom line, if I may appropriate that term from the business world, is one we can't get away from. The bottom line is the librarian.

When all is said and done, the librarian is the library's most valuable asset, and while I would like to take credit for such a finding, I am happy to report that it was, in fact, the finding of The King Report, a curriculum study sponsored by the United States Department of Education, Centre for Libraries and Education Improvement. "Probably the most important information resource component is personnel and the most essential characteristics of these people are their competencies. The reason for this is that information service performance (e.g., measured in terms of quantities produced, quality and timeliness) is highly dependent on the competencies of information professionals. The performance in turn affects the effectiveness of the information service in such terms as user satisfaction, repeated use and total amount of use. The purpose and

amount of information use determine the value of the information (hence, the added value of the information services and products) and produce higher order effects such as an informed public, improved institutions, and better education."⁴ This is not a case of librarians patting each other on the back. Rather, it represents the conclusions of a study commissioned by the United States Government. If it points out so clearly not only the benefits to society of libraries in general, but the specific benefits of qualified and capable librarians, who are we to argue?

Yet it is not a new idea. Dr. Estelle Brodman, in her report to the Association of American Medical Colleges made the same point in 1964: "...the single most important criterion of excellence in a medical library is the calibre of the staff. Given excellence in the librarian, most other desirable ends follow."⁵

You have the excellence. Now let all else follow.

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MEASURING WORKLOAD

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Traditionally librarians have kept statistics on the volume of work done: the number of literature searches, photocopy requests, titles catalogued, etc. As the volume has grown they have assumed administrators would realize that increased volume of work indicates a need for increased volume of staff. Unfortunately, administrators seem unable to make this correlation and unwilling to take the librarian's word for it.

Three years ago, having applied this method for the previous six years without success in getting approval for more staff, my administrator suggested he would support my request for additional staff if I could justify it by doing a departmental workload measurement analysis. I managed to negotiate temporary approval for one additional staff member who would be confirmed permanent full time if the analysis justified it.

A search of the literature produced very little material on workload measurement although there were a number of articles on task analysis. Most of them had been written fifteen to thirty years ago when large libraries were preparing to automate their procedures. Most

Ms. Gillespie was formerly Manager of Library Services at University Hospital, London, where this study was conducted.

of what I read was inapplicable to my situation. In large libraries a task is carried out by one or more people who do only that task. In small libraries each person does a number of tasks some of which are carried out more or less simultaneously. Because of this difference the methodologies described were not of much help to me. The basic principles, however, remain valid. The most useful articles I encountered were Woodruff (1957) and Tesovnik (1970). The first discussed principles and methodologies in terms sufficiently general to make them applicable to any sized library. The second gave a good overview of different methodologies.

The principles governing measurement of workload can be divided into general and specific; the former applying to any kind of departmental study or survey, the latter applying particularly, though not necessarily uniquely, to workload measurement.

GENERAL PRINCIPLES

1. Involve your staff at all stages of the process. This will provide better compliance and cooperation as well as creative contributions.
2. Have each staff member report on his or her own work. The subjectivity of the response will be

counterbalanced by accuracy of observation. Staff know their own work best.

3. Adjust the procedure as you go through the process. Things are never the same in practice as in theory. Unforeseen hitches occur, forms are unclear or awkward to use. Flexibility to adjust creates a better atmosphere and a more effective reporting system.

4. Workload measurement figures should be collected for long enough to produce a true average. Self reporting is necessarily subjective. Interruptions in work also make accurate reporting difficult. As well, work volume and flow vary day to day and month to month. Three months is the minimum length of time to gather the statistics required to produce a true average measurement of the workload. If possible, the three busiest months should be measured. Ideally, twelve months would give the truest measurement but is too long a period to be practical. Time and motion experts can do the work in weeks but they have full time objective observers and are basing their estimate on experience in large institutions in which staff do single tasks.

SPECIFIC PRINCIPLES

1. Break tasks down into self-contained units of work activity. Failure to do this will result in difficulty in isolating units of productivity without which workload cannot be measured. It will also result in difficulty in assigning time accurately to the various subdivisions of the task causing confused and inaccurate results.

2. Don't attempt to measure units worked on by more than one person.

This too will cause confused and inaccurate results.

3. Discriminate between tasks with and without measurable units. It is necessary to account for both in the study but it is possible to keep statistics only on tasks with measurable units. When the study is complete a relative percentage value can be assigned to non productive (i.e. non-measurable by unit) time which can be added to productive time to provide 100% of the total work time. This percentage value will fluctuate somewhat but any significant change in it should be identifiable and can be attributed to a special circumstance such as computer training or computerization of a procedure previously done manually. The workload in the new procedure would have to be analysed anew.

We ran a trial study for two and one half months during which we listed and defined every activity carried out in the department to the extent that every task was clearly defined and isolated so that there was no overlap either of activities or of persons carrying them out. Each staff member listed what she did and matched it against a master list compiled from the procedures manual and the Manager's perspective. This resulted in task list number one. Each task on the list was defined as fully and clearly as possible thus ensuring that each task was truly separate and that the staff were absolutely clear about what work made up a task. This was essential if time was to be measured accurately against task. In the process several revisions became necessary. By the time we had drawn up task list number three (fig. 1) we had amalgamated some categories, eliminated some overlap and reduced the misc-

Fig. 1

TASK LISTS

List 1

1. Literature searches
2. Current awareness
3. General reference
4. Acquis./Coll. devel.
5. Supervisory work
6. Miscellaneous
7. Lib. inspec./Shelf chk.
8. Verificat./Filing
9. Circulation
10. Photocopying
11. Ordering
12. Processing
13. Cat. card prod./Maint.
14. Typing
15. Receiving books
16. Receiving journals
17. Bib. searching
18. Binding
19. Holdings recs./G&E
20. Cat. & Classificat.
21. Invoices
22. Managerial functions

List 3

1. Miscellaneous
2. Education
3. Meetings
4. Literature searches
5. Collec. devel./C.A.
6. General reference
7. Overdues
8. Photocopying
9. Ordering
10. Processing
11. Cat. card prod./Maint.
12. Typing
13. Rec. books & journals
14. Bib. searching
15. Binding
16. Holdings recs./G&E
17. Cat. & Classificat.
18. Invoices
19. Supervisory/Managerial

cellaneous" category by two thirds. We also had a clear picture of 80% of the total departmental time.

Each staff member kept a work diary (fig. 2). At first we listed the tasks by number but inconsistencies in reporting occurred, especially when staff deputized for each other during days off or breaks, and we changed to task names to make identification of tasks clearer. Certain tasks were designated as having work units and the units were logged as the tasks were completed. For some of the tasks not clearly measureable by unit such as general reference, units were created. In this instance we measured the number of people who came into the library as units. Current awareness alerting was measured by the number of notices sent out. Invoices were also a problem. Many were for specific items but at renewal time there could be over 100 items on one invoice. We therefore counted the number of items invoiced as the units for that task.

At the end of each month all the work diaries were collated and compiled into a summary sheet (fig. 3). When this sheet was completed the results were tallied, correlated and analysed to form the basis for a workload measurement report. The bottom line showed clearly that on most days staff spent more than the allotted work time accomplishing tasks. The results of the summary sheets encouraged the staff to continue the study despite the stress and frustration of finding time during their already overburdened days to log these statistics. Once the trial was complete we embarked on a three month formal study.

The figures (fig. 4) from the summaries for these months gave us enough data to create true relative values (or average times) for each task. By applying these relative values to our volume statistics we were able to indicate how much staff time had been required to carry out each task each month and

Fig. 2 WORK DIARY

Date:			Date:		
Time	Task Name	Units (*tasks)	Time	Task Name	Units (*tasks)

each year. This so impressed our administrator that we were able to justify not only the one full time additional staff member we had obtained temporarily but an additional two thirds time position. As a result of being able to measure our workload we increased the department's staff level from four FTE's to five and two thirds FTE's.

The development of a technique to measure and analyse workload in the library has enabled us to do several things we were never able to do before and which we are increasingly being pressed to do: calculate objectively, convincingly and accurately

- the amount of staff that will be required to carry out a given amount of work

- the kind and number of staff required for various library tasks and

- the cost per unit of each library task.

We can now call effectively for extra help when needed, we can forecast staffing requirements for new programs and if we are forced into charging fees for service, which may be the trend of the future, we will know how much to

charge. The development process in measuring workload is extremely painful in terms of time and energy expended but the results are well worth it. Workload measurement is a tool that enables us to fight effectively for our fair share of the health care resources.

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Fig. 3 MONTHLY SUMMARY SHEET

FTE's TASK NAME	JAN 2	JAN 3	JAN 4	JAN 31	Min/Hr TOTAL TIME	Min UNITS /TIME	% of WHOLE
MISC.							
EDUCATION							
MEETINGS							
LITERATURE SEARCHES							
COLL. DEV/ CURR. AWAR							
GENERAL REFERENCE							
OVERDUES							
PHOTOCOPY							
ORDERING							
PROCESSING							
CATALOGUE CARD PROD. TYPING							
REC. CLAIM. BKS. & JNLS.							
BIBLIO. SEARCHING							
BINDING							
HOLDINGS RECORDS SUPERVIS. MANAGER.							
TOTAL DAILY TIME (BREAKS NOT INCL.)							
AVG. TIME PER PERSON							

Fig. 4 3-MONTH SUMMARY SHEET

TASK NAME	#	MONTH	TOTAL TIME	UNITS	AVG TIME	% OF WHOLE
LIT. SEARCHES	(4)	JAN	2715	64	42.42	7.18
		FEB	3150	67	47.01	9.34
		MAR	<u>3025</u>	<u>57</u>	<u>53.07</u>	<u>7.57</u>
3 mo. AVG			2964	63	47.5	8.03
COLLEC DEV/CA	(5)	JAN	2010	232	8.66	5.32
		FEB	2120	315	6.73	6.28
		MAR	<u>2590</u>	<u>344</u>	<u>7.52</u>	<u>6.48</u>
3 mo. AVG			2240	297	7.64	6.03
GEN REF	(6)	JAN	4385	2125	2.06	11.6
		FEB	5385	1966	2.74	15.96
		MAR	<u>3265</u>	<u>1686</u>	<u>1.94</u>	<u>8.17</u>
3 mo. AVG			4345	1926	2.25	11.91
OVERDUE	(7)	JAN	375	114	3.29	.99
		FEB	300	140	2.14	.89
		MAR	<u>470</u>	<u>178</u>	<u>2.64</u>	<u>1.17</u>
3 mo. AVG			382	144	2.69	1.02
PHOTOCOPYING	(8)	JAN	4240	463	9.16	11.22
		FEB	4000	415	9.64	11.86
		MAR	<u>6885</u>	<u>635</u>	<u>10.84</u>	<u>17.22</u>
3 mo. AVG			5042	505	9.88	13.43
ORDERING	(9)	JAN	1930	78	24.74	5.11
		FEB	1590	69	23.04	4.71
		MAR	<u>1520</u>	<u>53</u>	<u>28.67</u>	<u>3.8</u>
3 mo. AVG			1680	67	25.48	4.54
PROCESSING	(10)	JAN	1765	98	18.01	4.67
		FEB	1695	104	16.3	5.02
		MAR	<u>2680</u>	<u>152</u>	<u>17.63</u>	<u>6.7</u>
3 mo. AVG			2047	118	17.31	5.46
CAT. CARD PROD	(11)	JAN	4395	2165	2.03	11.63
		FEB	2750	631	4.36	8.15
		MAR	<u>5270</u>	<u>1380</u>	<u>3.81</u>	<u>13.8</u>
3 mo. AVG			4139	1392	3.4	11.19
REC/CL BKS/JNLS	(13)	JAN	5095	1207	4.22	13.48
		FEB	4155	700	5.94	12.32
		MAR	<u>5135</u>	<u>762</u>	<u>6.73</u>	<u>12.85</u>
3 mo. AVG			4795	890	5.63	12.88
BIB SEARCHING	(14)	JAN	905	116	7.80	2.39
		FEB	1060	153	6.93	3.14
		MAR	<u>845</u>	<u>80</u>	<u>10.56</u>	<u>2.11</u>
3 mo. AVG			937	117	8.43	2.55
BINDING	(15)	JAN	1525	110	13.86	4.04
		FEB	1380	134	10.3	4.09
		MAR	<u>1265</u>	<u>168</u>	<u>7.52</u>	<u>3.16</u>
3 mo. AVG			1390	138	10.56	3.76

THE HOSPITAL LIBRARY AS NURSES' LIBRARY: A MODEST PROPOSAL FOR PROPORTIONAL REPRESENTATION

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In today's world, hospital care in effect means nursing care. Nurses represent two-thirds of all health manpower in Canada, and 85% of registered nurses work in hospital settings.¹ Most of the care patients receive in hospital is given by nurses. The 1983 Dubin Report on the Hospital for Sick Children states bluntly: "Adequate nursing care is the single most important element in patient care."² Despite their weight of numbers, however, nurses have not been accorded a pre-eminent place in hospitals, and in large measure they continue to rely on medical libraries for their information needs. Traditionally, hospital libraries have been physicians' libraries, and although this situation is changing with the increasing empowerment of nurses in the health care system, the usual situation at present is to have a nursing component in a medical library.

This paper presents a modest proposal for revising hospital libraries to reflect more accurately a proportional representation of the professions served. Accepting the premise that the largest health profession with the most responsibility for the care of the sick needs and deserves the lion's share of information resources, hospital libraries should consider

a radical re-organization of their priorities to target nurses as their primary clientele. This would have the advantage of keeping down library costs, of increasing the hospital's efficiency and thus saving tax-payers' dollars, and perhaps of reducing the stress on library staff. With the established practice of having health care institutions run by professional managers rather than doctors, this plan is certain to appeal to hospital administrators and chief executive officers.

Although they make up a larger group than doctors, nurses would be a smaller charge per capita against the library budget. A superior nursing collection is less expensive than a superior medical collection; the field is less broad, and the body of literature is smaller and more easily organized. A glance at the nursing section of the widely respected Brandon list shows that the hospital nursing literature is, if not discrete, at least still manageable.³

If we accept the statement that nursing care is the most important element in patient care, it is logical to suppose that better library service to nurses would result in improved patient care. This in turn might lead to reduced medication, higher rates of patient

compliance, shorter length of stay and the like, which can sharply reduce hospital expenditure. This money could be reassigned to nursing salaries as an attempt to deal with the serious shortage of nurses now facing our hospitals.⁴

Directors of nursing are actively competing for nurses, and are looking for ways to improve their recruitment and retention of RNs. First class library and information support to nurses might contribute to increased job satisfaction and help to control the high turn-over of staff nurses. Hospitals offering clinical nursing library services might have an edge in attracting the better-educated nurses with university degrees.

Nurses are generally considered to be more co-operative and less demanding than physicians and surgeons, and would therefore be a more tractable and easier user group for library staff to manage. Research might show that the demand for time-consuming and thus expensive special favours was lessened with a predominantly nurse user population, at the same time both saving money and cutting down on library staff turnover or stress-related absences.

Nurses may be the largest group in the hospital, but they are not the only group. All other health professionals and staff members should be served by the library, and doctors, as the largest non-nursing group, would be assured of services appropriate to their practice needs, as determined by the librarian. Librarians no doubt could come up with creative ways of serving doctors and encouraging them to use the nurses' library. There should be a working collection of books and journals of

specific interest to doctors, and medical staff would be expected to take some responsibility for recommending titles for purchase. Doctors would of course be assured of a representative on the nursing library committee.

If doctors proved reluctant or too busy to use the library, librarians might use such ploys as having a "doctors' book week" in the hospital, or setting aside a cosy "physicians' corner" in the library, furnished with comfortable chairs and appropriate reading material. The auxiliary might be persuaded to help organize raffles or bake sales to raise money to buy medical books which the library could not afford to acquire from operating funds.

In hard times it might not be possible for the nurses' library to do more than meet the most basic day-to-day practice needs of physicians. Resources for more scholarly research would be found in the academic libraries serving medical schools, or in the libraries of colleges of physicians and surgeons or other medical associations. Although it is true that doctors have busy schedules, and are tired at the end of the day, those who are seriously determined to use the larger research collections will find the time needed to make their way to these other libraries, or will be willing to wait -- and pay -- for interlibrary loans.

If you have bothered to read this far you may by now be puce with indignation, or perhaps you are raising a clenched fist in support of nursing and sisterhood. It may seem impertinent for an academic librarian to pontificate on the subject of hospitals, but we

are all involved in the business of caring for the sick, albeit at different steps removed, and my intent is to plead rather than preach. The CHLA Task Force on Hospital Library Standards has been meeting since April 1987 on a project which is ultimately as important to university health libraries as to the hospitals they serve. The standards currently in use were approved in 1975, and are by now badly out of date.⁵ The revised standards, expected to be ready in draft form for the 1988 CHLA annual meeting in Halifax, will reflect the changes in both information technology and the health care system over the past twelve years. These new standards will influence the direction taken by hospital libraries up to the end of the century.

An academic nursing library, if it is not part of a large health sciences library, often serves as a branch or satellite to a medical school library and back-up to a network of hospital libraries. This vantage point gives us a unique if somewhat biased overview, but it may not be a bad thing to look at our health care system with a bias toward nursing. To use an appropriately anatomical metaphor, nurses are both the backbone and the heart of our hospitals. Nursing is changing, and the new nurse needs a new kind of library service.

If the hospital library scenario described above sounds outrageous to you, stop for a moment and think how many of these suggestions have been put forward as reasonable for nurses. How outrageous do they sound if we turn them right side up again? The point, of course, is not to downgrade service to the medical staff, but to ensure that

staff nurses, supervisors and nursing administrators get the kind of services they need, as well. They may not even know what they need, but we should know, and we should help them to find out. The Canadian Nurses Association's standards for nursing administrators include provision of "library and media resources within the organization" as a nursing administration responsibility with no mention of the librarian.⁶ This must tell us something about the way they see us.

Describing the state of Canadian hospital libraries in 1978, three years after the present standards had been accepted, Babs Flower wrote: "In many places working nurses are still relatively badly served; they augment their own resources in many imaginative ways."⁷ A decade later, nurses are still finding it necessary to look for creative ways to supplement hospital library services that do not meet their needs. In proposing new standards, we have an opportunity to widen the focus of hospital libraries and address the special needs of nursing.

All health librarians should be familiar with the new standards for hospital libraries; we all have a stake in them. When the draft revision appears, read it once, and then read it again with the thought, "What's in it for nursing? How will these standards help to serve our largest constituency?". Better service to nurses can only contribute to better patient care.

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DISABILITY RESOURCE LIBRARY NETWORK

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The Disability Resource Library Network (DRLN), a Toronto-based association of librarians and information specialists, was created in 1984 and represents the first formalized attempt in Canada at resource sharing in the field of disability and rehabilitation. The membership of the DRLN ranges from the specialized libraries of medical institutions such as the Bloorview Children's Hospital, Lyndhurst Hospital, and Sunnybrook Medical Centre, to the non-profit service organizations like the Ontario March of Dimes and the Centre for Independent Living, and the co-ordinators of specialized collections for disabled persons at the Toronto and North York public libraries.

ORIGINS OF THE DRLN

A number of the non-profit agencies which now comprise the DRLN must deal not only with the problem of isolation facing all librarians working in small, specialized centres, but also with the additional difficulty of assisting staff who may not have the benefit of professional training. One such enterprising individual, Diane Finkle, research assistant in 1984 with the Ontario Easter Seal Society, availed herself of a small network of associates to gain a better understanding of the arcane mysteries of librarianship. Like

many other information centres assisting disabled persons, the Ontario Easter Seal Society was using the specialized CRCD Rehabilitation Classification Scheme for cataloguing its books and pamphlets. Fortunately, help was readily at hand, both from the library staff of the Canadian Rehabilitation Council for the Disabled (CRCD), and from Elizabeth Rossnagel, co-ordinator for Ontario Library Services for Disabled Persons, and a former community organizer with the Ontario March of Dimes.

Ms. Rossnagel, in her professional capacity, also perceived a need for increased co-ordination and resource sharing among the diverse organizations and agencies offering services for disabled persons. Discussions ensued among a number of other key information specialists including Marilyn Schulz, C.N.I.B., Peter Bernauer, Canadian Paraplegic Association, Maureen Vasey, CRCD, Joan Robinson, North York Public Library, and Gillean Kearney, Ontario March of Dimes. Finally in July 1984, a formal invitation was issued for an August 23rd meeting at the Hugh MacMillan Medical Centre. As Diane Finkle explained it, there was a great need "to increase our knowledge about each other's operations" -- in short, to overcome the debilitating sense of isolation!

The initial meeting was successful, and a subsequent meeting was held at the CRCDD library on October 16, 1984, leading to a formalized association in 1985. Reflecting their key roles in the establishment of the DRLN, Diane Finkle and Peter Bernauer were elected as the first co-chairpersons. In 1986 Elaine Bernstein, Hugh MacMillan Medical Centre, and Jean Chong, Lyndhurst Hospital, shared this responsibility, while in 1987, it was the turn of Robert Jaegglin, CRCDD, and Maureen Perez, Toronto Public Library, to be co-chairpersons.

THE WORK OF THE DRLN

The DRLN tries to meet regularly, usually selecting a different one of its member organizations as its venue. This allows everyone an opportunity to view the resources of colleagues, and encourages an environment of resource sharing. With limited funds available for new acquisitions, it is more efficient for each library to specialize in a particular aspect of disability and rehabilitation, than for each agency to duplicate its services. This all seems self-evident, but as Peter Bernauer stated:

"It is somewhat surprising that librarians working in social service agencies have only recently begun to explore formally this basic survival strategy."¹

In addition to learning more about the resources of other centres, guest speakers inform the members on diverse professional aspects of librarianship and on the work of colleagues further afield. Jan Greenwood, president of the Canadian Health Libraries Association, addressed a DRLN meeting at the Ontario Workers' Compensation

Board on the topic of "service evaluation." At another meeting, held at the Hugh MacMillan Medical Centre, Gunela Astrbrink, Information Co-ordinator of the Disability Information and Resource Centre of Adelaide, Australia, while on a tour of related centres in North America and Europe, was invited to share her experiences of the Australian situation. At the same June 1986 meeting, Jane Beaumont, a computer consultant and active participant in the Canadian Library Association, discussed the possibilities for automation in small libraries. At a more recent meeting in May 1987, at the Ontario Easter Seal Society, the guest speaker was Randy Tighe of the Disability Information Services of Canada (DISC), who explained to DRLN members the opportunities available for the electronic interchange of information via DISC's computerized network centred in Calgary.

DRLN members have actively cooperated with each other, particularly in the area of library automation and in the work of revising the CRCDD Rehabilitation Classification Scheme.² A sub-committee on classification problems provided valuable input to CRCDD library staff in 1986. The result of this collaboration is reflected in the publication of the revised CRCDD Rehabilitation Classification Scheme and its new companion feature, the Rehabilitation Thesaurus, in July 1987.

The DRLN is affiliated with the Toronto Health Libraries Association (THLA) as one of its interest groups, and through the THLA, therefore, with the Canadian Health Libraries Association. The DRLN maintains links with the National Library's Services for Handicapped Persons Department, and many

DRLN members are electronically connected with DISC in Calgary. Maureen Perez, current DRLN co-chairperson, is also the coordinator for the Canadian Library Association's Interest Group on Library Services to Disabled Persons. So, while the DRLN must limit its face-to-face contacts to those resource centres operating in the Toronto area, our network of contacts is much broader.

The evident need for an association like the DRLN, and its striking success, might well prove a useful model for other organizations in this field of activity. Others may wish to emulate the path followed by the DRLN librarians, and link themselves into larger emerging networks.

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SERVICES RENDERED BY ONTARIO MINISTRY OF HEALTH PSYCHIATRIC HOSPITAL
LIBRARIES: Summary of a 1986 Survey

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This study attempts to replicate Beryl Anderson's Canada-wide survey of hospital library services¹ by focusing on the ten provincially operated psychiatric hospitals in Ontario. Such a replication seems to be warranted on two accounts. First, as Anderson's published data is not broken down by type of institution (other than in terms of hospital size and of teaching vs. non-teaching hospitals), it would be interesting to know whether the variable of specialty hospital has any impact on library services either offered or demanded. With the concentration of specialist personnel and special facilities in these institutions, one might expect a concomitant degree of intensity and sophistication in information needs. Second, such a replication seems to be warranted because information on library services according to specialty hospital is especially useful to both the managers of such libraries and to hospital administrators. Comparisons by bed size, levels of staffing or even qualifications of staff are all, of course, useful. But how much more useful would it be to be able to answer the following question: "How do our library services rate in comparison to those of similarly oriented institutions?"

As in the Anderson study, the core

of the survey consists of the results from a questionnaire, which was forwarded to the 10 psychiatric hospital libraries in Ontario. Following the style of the Anderson study, an explanation of the terminology used in the questionnaire (e.g. "State-of-the-art reviews"), was not provided. Due to a clerical error, one of the types of service examined in the Anderson study, "Promotion of library services", was omitted. The questionnaire was sent out in the first week of December, 1986, and by the end of January, 1987, nine libraries had responded.

Table 1 lists all the library services provided by the libraries surveyed. From this list, it can be seen that 8, or 90%, of the responding libraries offer the following services directly:

- Seating for users
- Use of materials on the premises
- Borrowing privileges
- Interlibrary loans (I.L.L.)
- Photocopying (other than I.L.L.)
- Simple reference questions
- Locating requested items within or outside library
- Verifying citations
- Compiling bibliographies
- Manual literature searches
- Informal instruction in methodology & bibliography
- Informal current awareness

Routing tables of contents of periodicals
Provision of guides to library, collection, & services
Instruction in use of library catalogues, services, etc.

This list of 15 core services offered directly compares favorably to the core list of 7 direct services cited in the Anderson study.

It is however interesting to note that there is no comparable list of services provided indirectly (through external sources) by 90% or more of the responding libraries. The two services offered by the highest number of libraries are automated literature searches, offered by 6 libraries, and selective dissemination of information (S.D.I.), offered by 4 libraries. Closer examination of the list of services provided indirectly also points out some underlying difficulties with the terminology of the questionnaire. For example, in the the Anderson study, 100% of responding libraries cited interlibrary loan (I.L.L.) as a service provided with the aid of another source. This high level of congruence is hardly surprising, since by its very nature I.L.L. requires another source for provision of material. Since I.L.L. was not cited as an indirect service by any of the respondents in the present study, some difficulty with the terminology of the questionnaire is evident.

Table 1 also lists services offered according to size of staff. There are five hospital libraries with a staff of one; three libraries with a staff of two, and one library with two full-time staff and two part-time staff. This last library consists of separate staff and

patient libraries, administered by one full-time professional librarian. The total number of services offered by 75% or more of the one-person libraries is 20. For the group of two-person libraries, the total number of services offered by 75% or more of the group is 23.

In addition to staff size, the type of staff qualifications might be expected to have a direct impact on services offered. From the responding nine libraries, there is a surprising range of formal qualifications; from professional librarian with second master's degree to library technician without certificate. Table 1 gives details of service types offered according to qualifications of staff. Analysis of this information shows that within the group of libraries managed by professionals, 70% of all services are offered by 75% or more of the libraries. It is surprising to note that only two of these libraries offer S.D.I. as a service. However, all libraries in this group offer the two services that may have the most direct impact on users; that is, informal current awareness and routing tables of contents of periodicals.

Within the group of libraries managed by library technicians, 75% of all services are offered by 80% of the libraries. Within this survey, then, libraries run by library technicians offer more services than libraries run by professionals. Any discussion of qualifications versus services seems to introduce value judgments, but it should be noted here that quantity of library services does not imply quality of library services, and that a measure of the quality of library services is not

attempted in this study.

Some library services did not follow the pattern that might be expected. For example, state-of-the-art reviews, which require a high degree of subject expertise, were offered by only one library managed by a professional librarian, but offered by three libraries managed by library technicians. Again, interpretation of the questionnaire terminology may have affected these responses: "state-of-the-art review" may have been interpreted differently by respondents.

In rank order the most frequently requested library services are:

- 1 Interlibrary loans
- 1 Photocopying (other than for I.L.L.)
- 2 Routing of tables of contents of periodicals
- 3 Borrowing privileges
- 3 Simple reference questions
- 4 Locating requested items within or outside library
- 5 Seating for users
- 5 Group study or meeting rooms
- 5 Use of materials on the premises
- 5 Complex reference questions
- 5 Verifying citations
- 5 Compiling bibliographies
- 5 Manual literature searches
- 5 Automated literature searches
- 5 Indexing - other materials
- 5 Instruction in the use of library catalogues, services, etc.

From the above ranking, it is evident that in terms of services requested, basic document delivery services outrank other types of library services. This trend is in keeping with the type of users whom one might expect to encounter in these institutions, that is, ones who want to use the documents themselves to extract and syn-

thesize information. The trend toward requesting document delivery services above other types of services is also reflected in the Anderson study.

Ranking the two most frequently requested services according to library staff qualifications maintains the basic pattern of primacy of document delivery services. Borrowing privileges/-Interlibrary loans and Photocopying/Simple reference questions rank first and second respectively in the group of libraries staffed by professional librarians; Interlibrary loans/Photocopying and Simple reference questions/Routing of tables of contents rank first and second in the group of libraries staffed by library technicians.

In this survey, the so-called higher level information services were not frequently requested, even in those libraries staffed by professional librarians. However, many variables other than staff qualifications affect the decision to request services; these include availability of bibliographic tools, cost of services, and time constraints.

Conclusions of the Survey

Although the sample size of this study is much too small to make any definitive statements about library services in specialty hospitals, a replication of Anderson's survey in the psychiatric hospitals of Ontario seems to be warranted because subject orientation is an important variable along with size of staff, staff qualifications, and affiliation with medical school in affecting library services. A further constraint on making definitive statements about library

services in psychiatric hospital libraries on the basis of this study is respondents' difficulties with the phraseology of the questionnaire which composed the heart of the survey. Nevertheless, some relevant observations can be made. First, there is a core list of 15 services offered directly by 90% of all the psychiatric hospital libraries surveyed. This number compares favorably to a core list of 7 services offered directly by 90% of all Canadian hospital libraries. Libraries managed by library technicians offer a few more services than libraries managed by professional librarians. In terms of most requested services, there is a pronounced tendency toward requesting document delivery services. Variations in library staff qualifications have little impact on this basic pattern.

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Table 1

SERVICES OFFERED BY ONTARIO PSYCHIATRIC LIBRARIES

TYPE OF SERVICE	NO. OF LIBRARIES OFFERING SERVICE (n=9)						BY STAFF QUALIFICATIONS
	DIRECT SERVICE (n=9)	INDIRECT SERVICE (n=9)	BY SIZE OF STAFF			PROF. LIBNS (n=4)	
			1 (n=5)	2 (n=3)	>2 (n=1)		LIB. TECHNS (n=5)
<u>SPACE PROVISION</u>							
Seating for users	9	-	4	3	1	4	5
Carrels for users	7	-	3	3	1	3	4
Group study or mtg rooms	4	3	3	3	1	3	4
<u>PROVISION OF MATERIALS</u>							
Use on premises	9	-	4	3	1	4	5
Borrowing privileges	9	-	4	3	1	4	5
Interlibrary loans (ILL)	9	-	4	3	1	4	5
Photocopying (other than ILL)	8	1	4	3	1	4	5
Production of microforms	1	2	2	-	-	1	1
Preparing or arranging for translations	-	3	2	1	-	1	2
<u>PROVISION OF INFORMATION</u>							
Simple reference questions	9	-	4	3	1	4	5
Complex reference questions	8	1	4	3	1	4	5
State-of-the-art reviews	3	1	2	2	-	1	3
Referral to experts or other sources	7	1	4	3	-	3	5
<u>BIBLIOGRAPHIC ASSISTANCE</u>							
Locating requested items within or outside library	9	-	4	3	1	4	5
Verifying citations	9	-	4	3	1	4	5
Compiling bibliographies	9	-	4	3	1	4	5
Manual literature searches	9	-	4	3	1	4	5
Automated literature searches	2	6	5	3	1	4	5
Editorial assistance	3	-	2	1	-	2	2
Informal instruction in methodology and bibliography	8	1	4	3	1	4	4
<u>CURRENT AWARENESS</u>							
Preparation of accession lists	7	-	4	2	1	2	5
Informal current awareness	9	-	4	3	1	4	5
Automated S.D.I.	-	4	2	2	-	2	3
Routing periodicals	5	1	3	2	1	2	4
Indexing - newspapers	3	2	3	2	-	1	4
Indexing - other materials	6	1	4	3	-	2	5
Abstracting	1	1	2	-	-	1	1
Routing tables of contents of periodicals	9	-	4	3	1	4	5
<u>USER ORIENTATION</u>							
Provision of guides to library collection and services	9	-	4	3	1	4	5
Instruction in use of library catalogues, services, etc.	8	-	4	3	1	4	5
Publications	6	-	3	3	1	3	1

PLANNING FOR LOCALLY AVAILABLE SUBSETS OF THE MEDLINE FILE ON A UNIVERSITY CAMPUS -- BEGINNING THE PROCESS

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New information technologies, including the ready availability of mini and micro computers on many university campuses and new formats of traditional information are providing a series of options to today's health sciences librarian. These technologies are making local access to large bibliographic databases technically possible. In many cases, improvements in the availability of information and the reduction or elimination of user's fees make such technical improvements desirable. In the health sciences, more researchers are becoming sophisticated in new methods of information management and retrieval and are demanding that these advances be made available in the traditional academic medical library.

The information contained in the traditional format of the printed Index Medicus or provided through librarian mediated searches on remote host computers is now also available on compact disc as well as in tape subsets of the MEDLINE database from the National Library of Medicine. In Fall 1987, the Canada Institute of Scientific and Technical Information announced the availability of MEDLINE subsets on the Canadian scene. These subsets have previously been available only within the United States, and, as a result, their use in a local set-

ting is well advanced in a number of U.S. academic medical libraries. A number of these sites are being funded by grants provided by the National Library of Medicine under its Integrated Academic Information Management Systems (IAIMS) Program which has acted as a powerful stimulus to integrate automated information programs within the academic health sciences centre.

The Canadian health sciences librarian is faced with a number of choices in the light of these developments. At a recent meeting of the Association of Canadian Medical Colleges Special Resource Committee on Medical School Libraries, most of the sixteen medical school librarians reported on successful experiments with CD-ROM - MEDLINE. This has been a relatively low cost, low risk experiment in health sciences libraries. It provides an excellent opportunity to improve services and relations with users through enhancing the educational role of the librarian. Using microcomputers as a single search station, the CD-ROM technology itself is relatively inexpensive, can be introduced with a minimum of planning and requires little knowledge of telecommunications or computer programming.

ASKING THE BASIC QUESTION

The costs and complexity of planning and implementing locally available subsets of the MEDLINE tapes afford a much more demanding challenge for Canadian health sciences librarians. As a beginning, librarians must answer the question "Is it important for my library to provide this service?" In a period of austere budgets, when we are still striving, as we have for the past decade, to maintain essential journal subscriptions, is it realistic to be considering such a program? When a duplicate journal subscription is looked at with disfavour by senior administrators, are we merely quixotic in hoping to provide information in this new format?

A basic assumption is that the local availability of databases has a high value in the health sciences. The use of MEDLINE in a local network goes further than simply providing new methods of accessing the biomedical literature. In the fullest sense, local MEDLINE subsets are a value-added service, and their availability locally will increase the use of the biomedical literature. University administrators have traditionally recognized the need for a well stocked biomedical library in the service of teaching, research and patient care, the basic assumption being that there is a necessary relationship between the current literature and quality patient care. Because the recognition of the importance of access to the biomedical literature is the foundation on which the services and collections of medical libraries are built, it is clear that the improvements in accessing the biomedical literature are desirable.

Improving the speed and quality of access to the biomedical literature through local subset availability is a primary advantage to the health care community. Of equal importance is the increased use of information technology by students. The information age is evident in most libraries in their online catalogues, and the availability of MEDLINE for students to search without charge and at their convenience, either in the library or from their homes, is a definite advantage. It will provide the student with advanced information skills in solving medical information problems which will serve well through an entire professional career. The use and the value of computers in current awareness can be introduced at an early stage in professional training, improving habits of lifelong learning and computer literacy.

A CHOICE OF OPTIONS

Having answered the basic question, the medical library staff must now proceed to identify the technology which will best suit the adaption of MEDLINE subsets to the local environment. Here, Canadian medical librarians will find it profitable to review developments in the United States where several approaches have been used. It is possible to identify some general trends and issues. The method of implementation will be determined in part by the information technology already in place on a particular campus.

Programs operating at the medical libraries at Vanderbilt University and Columbia University exemplify a planning process integrated with existing information programs. The Vanderbilt University Medical Center Library is providing MEDLINE

access locally through ACORN, Vanderbilt's adaption of NOTIS, using NOTIS software on an IBM 4361/5 computer. At the Augustus C. Long Health Sciences Library of Columbia University, MEDLINE is available locally using the local system, CLIO, operating on BLIS software and an IBM 3083 BX computer. The Vanderbilt and Columbia Libraries are using the existing search software of their local library system. This advantageous approach curtails the number of protocols that a library user will need to learn and has the distinct advantage of being integrated into the campus information system.

Another method used in some libraries has been to use the services of a commercial information corporation or vendor. Such a service provides local access to databases selected by the client, mounts these databases for the client at a fixed price and provides search software. The client institution is provided with software installation, maintenance and updates which are adapted to local computers and operating systems. The subsets of MEDLINE are one of a number of databases which can be made available locally in this fashion, building on an existing campus computer network and providing search software. The method of implementation comes closer to the turnkey approach since there is only a minimum of project management, little programming, no design work and the client institution has the problem solving backup of the vendor. Despite the reassurances of ongoing vendor support, at least one institution has experienced problems in loading the MEDLINE subset database, related to formatting requirements. However, this option has been used successfully in a number of U.S. institutions

including the Houston Academy of Medicine, the University of Pennsylvania and the University of Cincinnati.

A third approach is likely to have considerable appeal in Canadian academic libraries. Since many Canadian medical libraries are part of large automation programs for all university libraries, it may be difficult to influence university systems operations to make the local availability of MEDLINE subsets a high priority. However, at least one medical school library in the United States has solved this problem by building on existing expertise and computer power within the Faculty of Medicine. Using a minicomputer in the faculty of medicine, MEDLINE subsets have been installed, appropriate search software licensed and the library provided with a number of dedicated MEDLINE terminals wired to one of the faculty mini-computers. Although there are some disadvantages to this approach, principally in providing direct access to the file to other campus users, it has enabled the use of MEDLINE subsets to begin quickly and at less cost than might have otherwise occurred.

In any of these approaches, the medical library director must make special effort to involve the entire library community at the university. This involvement needs to begin well in advance of decision making on the particular method. All too frequently, medical librarians and their staff appear as demanding in comparison with librarian colleagues serving other academic disciplines. The local availability of MEDLINE subsets provides an ideal opportunity for the medical library staff to educate and inform their colleagues on the growing importance of infor-

mation technology in medical education. Armed with the recommendations of the Report of the Project Panel on the General Professional Education of the Physician and College Preparation for Medicine prepared by the Association of American Medical Colleges ("The GPEP Report"), the librarian can use the planning process to improve the understanding of the role played by medical information and medical informatics in the education and lifelong learning of the physician.

PROBLEMS ALONG THE WAY

The large size of the MEDLINE file is reason for concern since the sheer volume of indexing required and the loading of masses of bibliographic data may be daunting to computer experts unfamiliar with the structure and requirements of large bibliographic files. MEDLINE files are very large, and the size of the individual MEDLINE record is also large. The NLM Standard Distribution Format (SDF) quotes a record length of 4,996 bytes. The size of the files will vary, depending on the institution's choice of a full or partial MEDLINE file, the number of years covered, and the inclusion or exclusion of abstracts. However, technical problems are already being solved in a number of medical libraries, and it is likely that these issues will disappear with increased use of MEDLINE files in a local setting.

Far more daunting will be the challenge of fund raising and budgeting for this program. Without a program for funding overall academic information management programs, Canadian medical libraries will need to be especially innovative and creative in seeking support.

The waters have yet to be tested with respect to Canadian federal agencies and councils, but it is clear that a coordinated program for such developments does not presently exist within the Canadian scene.

In preparing the initial costing for this program, the medical librarian will need to consider the following cost elements:

I. Initial or One-Time Costs:

1. Hardware:

This may be a special purpose purchase or may involve the negotiation of time and space on a large university computer, or an available mini-computer.

2. Software:

This may involve the purchase or lease of a software system from a vendor, an operating system and other additional features as required.

3. Personnel including some computer programming which may be generously buried in another department's budget. However, library staff time will also be required in the planning and development of the program.

II. Annual or Recurring Costs

1. NLM subset licensing fee and updates

2. Personnel, including library staff providing ongoing educational programs

3. Hardware and software maintenance

In the initial stages, personnel requirements will be related to technical issues and, as necessary, programming or consultant fees. However, as the use of subsets is implemented, staff needs will be in the area of advanced user education and reference work. It appears that the demand for mediated searches does not dramatically decline with the local availability of MEDLINE subsets. However, the search requests are more complex, and the librarian requires an increasingly sophisticated knowledge.

To these basic initial and annual costs must be added a consideration of other possible budget items some of which may be "hidden" in a not-for-profit institution. These costs include space, possible site construction, wiring and phone lines, air conditioning, publicity and supplies.

MEDLINE SUBSETS AS A PROTOTYPE ON THE ACADEMIC CAMPUS

Within the next few years, it is likely that several Canadian medical school libraries will have made available the NLM subsets in their institutions. Work in this direction is already beginning, and it will escalate as detailed plans are developed. In working towards the goal, Canadian academic medical librarians have an opportunity to provide leadership and expertise in their institutions, for it is evident that the availability of MEDLINE tapes for local searching is only one instance of the need to make source files available within an academic setting.

Librarians working in many specialties are already developing their "want lists" and health sciences librarians must be prepared to justify MEDLINE availabil-

ity in relation to the information needs of other disciplines. In providing this justification, we can draw heavily upon patterns of communication in science and the reliance upon the journal literature. With few if any qualifications, improved access to the journal literature means improved access to knowledge at the cutting edge. In answering the question of why MEDLINE, rather than other science databases, the answer may be found in the advanced state of the art of providing MEDLINE locally, for thanks to the leadership and encouragement of the National Library of Medicine, this program will soon be a reality in over 25% of the academic medical libraries in the United States.

Local MEDLINE on a university campus can offer a rich learning experience to all involved. We can use this experience to develop guidelines and protocols for the local availability of bibliographic files supporting all academic systems. In this way the campus "automated catalog" becomes a campus information system, providing the gateway to the best that has been written in all academic disciplines.

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NEWS AND NOTES

FLOWER REPORT OUT OF PRINT

M.A. Flower's LIBRARIES WITHOUT WALLS; BLUEPRINT FOR THE FUTURE is now out of print but copies of the report have been deposited in the libraries of every Canadian medical and library school, as well as in the libraries of the active teaching hospitals (as defined in the CANADIAN HOSPITAL DIRECTORY) and select others with a mandate to serve the health library community.

We encourage CHLA/ABSC members to make an effort to read this report in its entirety and to make their views known to a member of the Board. Without grassroots input CHLA/ABSC cannot respond to the report on behalf of the health library community.

At such time that we have accumulated sufficient orders to justify a second printing we will make the necessary arrangements and will ensure that copies are available at a modest price to cover the costs of production and handling.

CHLA/ABSC 10TH ANNIVERSARY AWARD

This award of \$500 annually was established by the CHLA/ABSC Board at their 10th Annual General Meeting in June 1986. The Award recognizes that one of the most tangible means whereby the mission of CHLA/ABSC is accomplished is through the activities of its Chapters. The Award, therefore, is available to Chapters in order to further the mission of CHLA/ABSC. This is a reminder to Chapters that it is not too soon to be thinking about possible submissions for this year's 10th Anniversary Award. Information and rules governing the award can be found in BMC 8(3):114-115. If you have any further questions please do not hesitate to get in touch with the President or any other member of the CHLA Executive.

UPDATE FROM THLA

THLA members enjoyed a social get-together at their annual Christmas party on December 7th, 1987. Arrangements were made by Carol Morrison and her staff at the Ontario Cancer Institute who offered their Staff House as the venue for the festivities.

The February 1st, 1988 meeting will be a three-hour CE course on "Workload Measurement" given by Sue Gillespie of Gillespie Information Services. For further information see MEETINGS/WORKSHOPS on p. 176 of this issue.

GERRY OPPENHEIMER, CHLA/MLA LIASON, RETIRES

The University of Washington, Seattle, held a reception for Gerry Oppenheimer on December 18 in honour of his retirement. As President of CHLA/ABSC, Jan Greenwood was invited and asked to submit a few words for the scrapbook with which he was presented. Jan was unable to attend but the good wishes she sent on behalf of CHLA/ABSC follow:

On behalf of all of the members of CHLA/ABSC I would like to wish you, Gerry, health and happiness in the retirement you so richly deserve but which many of us, I am sure, are selfishly reluctant to grant you!

During your seven year stint as the CHLA/MLA Liaison you have become the human face of MLA to so many Canadian health librarians who are unable to attend MLA annual meetings; for those of us lucky enough to do so, you have provided a valuable personal link.

Thank you for your good humoured diplomacy which has enhanced immeasurably the CHLA/MLA bilateral agreement. We hope that as an Honourary Life Member of CHLA/ABSC you will be able to attend, from time to time, our annual conferences. June 11-19, 1988 in Halifax perhaps?

Best wishes to you and yours from all of your Canadian friends,

Jan Greenwood, President

NEWS FROM THE NORTHERN ALBERTA HEALTH LIBRARIES ASSOCIATION

The Northern Alberta Health Libraries Association met twice during the past several months, once to promote fellowship and fun, and once to address business at their regular Fall meeting. Turnout at the Summerfest was high, despite temperamental weather and mosquitoes, which attests to the culinary skills of all participating members! Business discussed at the Fall meeting included the Flower Report, news from HSRC, membership fees, and activities of the CHLA/ABSC Task Force on Hospital Library Standards. Members also voiced concern over the growing trend of hospital administrators to fill vacant librarian positions with para-professional staff. Measures taken by the executive to rectify this problem have, thus far, been unsuccessful. The business meeting concluded with a demonstration of search software by members of the John W. Scott Health Sciences Library (University of Alberta).

Future plans...NAHLA executives would like to see Association activities increase in the coming year in the area of continuing education. Workshops and/or small courses for local and regional members are being considered. Plans to tour the facilities of member libraries are underway. 1987 will end with NAHLA's Annual Christmas Party, where more good eating is in the works! Merry Christmas to all from NAHLA.

PEOPLE ON THE MOVE

JEAN CHONG, who became the first librarian at Lyndhurst Hospital, Toronto, has left that part-time position to take up the full-time responsibility of Librarian at the Ontario Office of the Fire Marshal, also in Toronto.

DONNA DRYDEN is now Supervisor of Library and Audiovisual Services at the Royal Alexandra Hospital in Edmonton, having left Charles Camsell General Hospital last August. **JAMIE STANLEY** became the new librarian at Charles Camsell in November.

DAN HEINO has resigned his position as Reference/Special Projects Librarian at Memorial University of Newfoundland's Health Sciences Library to take up the position of Health Sciences Librarian at the Royal Inland Hospital in Kamloops, B.C. This position was formerly held by **PETER ROSE**, who is now working on a project at the National Library in the Sudan.

OHLA (The Ontario Hospital Library Association) has a new executive for 1988. They are **CHRISTIE MACMILLAN**, Orillia (President); **SUE GILLESPIE**, London, (President-Elect); **MARGARET TAYLOR**, Ottawa (Past-President); **PAT HUTCHISON**, Ottawa (Treasurer); **KATHY YOU**, Sault Ste. Marie (Secretary).

SAHLA (the Southern Alberta Health Librarians Association) announces the results of its election: President **ELIZABETH KIRCHNER**, Calgary General Hospital; Vice President: **ELAINE GLOVER**, Rockyview General Hospital, Calgary; Secretary-Treasurer: **RUTH MACRAE**, Foothills Hospital, Calgary.

HANNA WALUZYNIENEC has accepted a new position with the McGill Library system, and is leaving the health sciences field. Hanna's new position includes responsibilities for all Public Services in the Physical Sciences and Engineering areas at McGill. Congratulations and best wishes to Hanna from her many friends and colleagues in CHLA!

GROUP ACCESS TO ONLINE INFORMATION

The Canadian Library Association's OLAM (Online Library Account Management) Service has a library network discount arrangement with DIALOG whereby institutional members can access DIALOG services under terms that provide financial and administrative benefits not available under the standard DIALOG contract. Benefits include savings of between 6% and 16% on total DIALOG billings. For further information contact Brian Silcoff, Manager, CLA's OLAM, Canadian Library Association, 200 Elgin Street, Suite 602, Ottawa, Ontario K2P 1L5. Tel: (613) 232-9625.

Health Research and Educational Trust of New Jersey (HRET) coordinates group access to BRS Information Technologies. Participants in the HRET/BRS Group include over 70 health science and special libraries. Benefits received by this purchase arrangement include lower per-hour search costs, multiple passwords and direct BRS billing. For more information contact: Michelle Volesko, Director, Library and Corporate Information Services, 760 Alexander Road CN-1, Princeton, NJ 08543-0001. Tel: (609) 275-4230.

FROM THE HEALTH SCIENCES RESOURCE CENTRE

Maureen Wong

Head, Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
Ottawa, Ontario

HSRC Advisory Committee meets

The HSRC Advisory Committee met on September 17, 1987 at CISTI. The Committee provides advice and makes recommendations to the Director of CISTI on the plan and services of HSRC. Members are nominated by three associations, the Canadian Health Libraries Association (CHLA), the Special Resource Committee on Medical School Libraries of the Association of Canadian Medical Colleges (SRCMSL/ACMC), and the Section de la santé de l'association pour l'avancement des sciences et techniques de la documentation (ASTED). The director of CISTI and the Head of HSRC are ex-officio members of the Committee.

Current members:

Catherine Quinlan
(Chairperson) ACMC
Louis-Luc Lecompte ASTED
Donna Dryden CHLA
Colin Hoare CHLA
Deirdre Green CHLA

At the September meeting, the Committee discussed the report "Libraries without walls: blueprints for the future." This report, written by Mrs. M.A. Flower, was the result of a six-month CHLA/ACMC project on the Survey of Health Sciences Library Collections and Services in Canada. The project was funded by CISTI but the distribution of the final

report is now the responsibility of CHLA.

CISTI has also undertaken the French translation of this landmark document. Availability of the translated copy when completed will be announced in the next issue of BMC.

MEDLARS training courses

The annual Canadian MEDLARS Centres Survey conducted by HSRC this year included a special section on "MEDLARS Training Requirements." The responses and comments from subscribers are useful in providing us with directions for course development, and it showed that the most requested course is an Advanced course. In response to this need, a new Advanced MEDLARS course has been developed. It includes system features such as stringsearching, using the online thesaurus file (MeSH), offsearching and storesearching. This course is not intended as a strategy course for experienced searchers.

The former 3-day Intro II course for persons with experience in other online systems has been streamlined and now covers two days.

End-User course: A one-day condensed introduction to MEDLARS has also been developed for end-

users. The course covers the very basics to the MEDLARS command-driven Elhill software.

Costs and schedule: Each course costs \$30.00. Anyone can attend. A variety of courses will be offered at locations outside Ottawa. A copy of the training schedule is available upon request.

CHEMLEARN

CHEMLEARN is a microcomputer-based training package that NLM has produced for CHEMLINE (MEDLARS' Chemical Dictionary Online database). It is designed to teach health professionals, as well as librarians, how to use CHEMLINE effectively. Its menu-driven struc-

ture is intended to allow the novice user to learn about the basic content of CHEMLINE and the skilled searcher to select instruction in the more complex aspects of the database. CHEMLEARN runs on IBM-PC, PC-XT, PC-AT and fully compatible computers. It comes in the format of 2 low density floppy diskettes. To order, send request to:

National Technical Information
Service

U.S. Department of Commerce
5285 Port Royal Road
Springfield, VA 22161

Please quote product number
PB87-183612 Price: U.S.\$25.00
plus U.S.\$3.00 handling charges

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE

Maureen Wong

Chef du Centre bibliographique des sciences de la santé
Institut canadien de l'information scientifique et technique
Ottawa, Ontario

Réunion du Comité consultatif du CBSS

Le Comité consultatif du CBSS s'est réuni le 7 septembre 1987 à l'ICIST. Le Comité a pour mandat de formuler des recommandations et de conseiller le directeur de l'ICIST concernant les activités du Centre. Les membres sont nommés par l'Association des bibliothèques de la santé du Canada (ABSC), le Comité sur les ressources des bibliothèques médicales de l'Association des facultés de médecine du Canada (CRBM-AFMC) et la Section de la santé de l'Association pour l'avancement des sciences et des techni-

ques de la documentation (ASTED). Le directeur de l'ICIST et la chef du CBSS sont membres d'office du Comité.

Membres actuels:

Catherine Quinlan
(présidente) AFMC
Louis-Luc Lecompte ASTED
Donna Dryden ABSC
Colin Hoare ABSC
Deirdre Green ABSC

Au cours de la réunion du mois de septembre, le Comité a examiné le rapport intitulé "Bibliothèques sans frontières: projet d'avenir".

Ce rapport rédigé par Madame M.A. Flower, est le résultat d'une enquête sur les collections et les services des bibliothèques de la santé au Canada, réalisée par l'ABSC et l'AFMC. Cette enquête a reçu l'appui financier de l'ICIST. L'ABSC est chargée de la distribution du rapport.

L'ICIST a également entrepris la traduction française de cet important document, dont la parution sera annoncée dans le prochain numéro de la revue BMC.

Cours de formation au MEDLARS

L'enquête annuelle sur les centres du MEDLARS au Canada réalisée par le CBSS comprenait cette année une série de questions sur les besoins de formation à l'interrogation du système MEDLARS. Les réponses et les commentaires reçus nous sont utiles pour établir l'orientation des cours de formation; ils nous ont permis en outre de constater que les cours de perfectionnement étaient les plus en demande. En réponse à ce besoin, un nouveau cours de perfectionnement à l'interrogation du MEDLARS a été conçu. Ce cours couvre entre autre la recherche de chaînes de caractères, l'utilisation du thésaurus en direct (MeSH), la recherche en différé et la recherche mise en mémoire. Ce cours n'est pas un cours de stratégie à l'intention des utilisateurs expérimentés.

L'ancien cours d'introduction d'une durée de trois jours pour les personnes ayant déjà interrogé d'autres systèmes en direct a été réduit à un cours de deux jours.

Cours à l'intention des utilisateurs finals: Un cours d'introduction au MEDLARS d'une journée a également été mis sur pied pour les utilisateurs finals. Ce cours couvre les caractéristiques fondamentales du logiciel Elhill.

Coûts et calendrier: Chaque cours coûte 30 \$. Tout le monde peut s'inscrire. Divers cours seront offerts dans différentes villes du Canada. Le calendrier des cours peut être obtenu sur demande.

CHEMLEARN

CHEMLEARN est un progiciel d'enseignement sur micro-ordinateur produit par la NLM pour la base de données CHEMLINE (le fichier Chemical Dictionary Online du MEDLARS). Il apprend aux professionnels de la santé et aux bibliothécaires à interroger CHEMLINE d'une manière efficace. Sa structure à base de menus est conçue pour permettre au débutant de se familiariser avec le contenu de CHEMLINE et à l'utilisateur expérimenté de se servir des commandes les plus complexes du fichier. CHEMLEARN peut être exécuté sur un IBM-PC, un PC-XT, un PC-AT et tout autre ordinateur entièrement compatible. Il est offert sous forme de deux disquettes en faille densité. Il peut être commandé en écrivant à:

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3 \$ U.S. de frais de manutention

MEETINGS/WORKSHOPS

CHLA/ABSC 12th ANNUAL MEETING

The 12th Annual Meeting of the Canadian Health Libraries Association/ Association des bibliothèques de la santé du Canada will be held in Halifax, Nova Scotia, June 11-15, 1988 at the Citadel Halifax.

The keynote address will be "Scientific Medicine - Success or Failure?" and the program will include sessions on the Integrated Academic Information Management System (IAIMS), Workload Measurements Project, hospital library standards, "Libraries without Walls" (Flower Report), and technology and CISTI updates.

A welcoming reception will be held on the "Harbour Queen" as it cruises Halifax Harbour.

The all-inclusive conference registration fee is \$90.00 (CHLA member) and \$110.00 (non-member).

Four CE courses will be offered:

- Developing in house databases (1 day)
- Training your staff (1/2 day)
- Writing skills for managers (1 day)
- Online biochemical searching in the health sciences (1 day)

The one (1) day CE courses are \$90.00 (CHLA member) and \$110.00 (non-member). The one-half (1/2) day course is \$45.00 (CHLA member) and \$55.00 (non-member).

ALL FEES QUOTED ARE IN CANADIAN DOLLARS.

The registration deadline is May 15, 1988.

For further information contact:

Linda Harvey, Conference Secretary
W.K. Kellogg Health Sciences Library
Sir Charles Tupper Medical Building
Dalhousie University
Halifax, Nova Scotia
Canada B3H 4H7

PHONE: (902) 424-2483

LIBRARY WORKLOAD MEASUREMENT

Location: Toronto General Hospital
February 1, 1988 6-9 p.m.

The February 1st, 1988 meeting of THLA will be a three-hour CE course on workload measurement, given by Sue Gillespie of Gillespie Information Services. THLA non-members may attend for a fee of \$15.00. Registration is required.

For further information, contact:

Tsai-O Wong
L.G. Brayley Library
Mississauga Hospital
100 Queensway West
Mississauga, Ont., L5B 1B8
Tel.: (416) 848-7394

DRUG AND PHARMACEUTICAL INFORMATION RESOURCES

Location: Best Western Continental Inn, Windsor, Ontario
Friday, April 22, 1988.

The Windsor Area Health Librarians Association (WAHLA) presents the 1-day workshop Drug and Pharmaceutical Information Resources (MLA-CE 310), with course instructor Bonnie Snow. The workshop fee is \$80 Canadian (\$75 to WAHLA members), or \$60 U.S. funds. The registration deadline is Friday, February 12, 1988. and space is limited to 25 persons.

For further information, contact Mrs. Toni Janik, Medical Library, Hotel Dieu Hospital, 1030 Ouellette Ave., Windsor, N9A 1E1. Tel.: (519) 973-4444 ex. 178, or Mrs. Anna Henshaw, Staff Library, S.A. Grace Hospital, 339 Crawford Ave., Windsor N9A 5C6. Tel.: (519) 255-2245.

SLIS ONLINE WORKSHOP BACK

The School of Library and Information Science at the University of Western Ontario will be offering their Online Systems, Services & Databases Workshop once again this summer. Last year's workshop was very well received by the group of public, academic, school, and special librarians who attended it. The course, the only one of its type available in Canada, is described as "An intensive 5-day workshop that will provide the information professional with an objective overview of reference sources available online and on optical disk, along with the practical skills and specialized technical knowledge necessary to exploit them effectively." Once again, the emphasis will be divided equally among state-of-the-art reviews by experts from the field, training sessions in practical techniques for online reference work, and extensive hands-on practice with the systems and databases. Particular attention will be directed this year at the emerging optical disk databases that will soon have a profound effect on reference work in all types of libraries.

The workshop will run from August 22-26, 1988. The fee is \$550, inclusive of course materials and online connect time. Further information may be obtained from the Coordinator: Prof. Paul Nicholls, School of Library and Information Science, University of Western Ontario, London, Ontario N6G 1H1 (519/661-3542)

CALL FOR PAPERS

UNYOC '88: DISCOVER YOUR WORTH!
Location: Westbury Hotel, Toronto
October 12-14, 1988

The organizers of UNYOC '88 believe that the chosen theme, DISCOVER YOUR WORTH!, allows for many exciting possibilities at a time when increasing numbers of health librarians are expanding or altering their roles to meet the challenges posed by changes in the delivery of health care and the information environment. In academic, hospital and other health care settings librarians are re-assessing their positions and relative value and seeking new ways to prove their worth.

If you have established your worth, or would like to present a paper on the value of any aspect of library organization or service, please contact Tom Flemming, Conference Chair. Tom would like to receive three copies of an abstract no longer than one page, bearing the name, mailing address, organizational affiliation (if appropriate) and daytime telephone number of the author(s) no later than April 29, 1988. He would also welcome papers on topics which are not specifically related to the conference theme. Tom Flemming may be contacted at:

McMaster University Health Sciences Library, 1200 Main St. W., Hamilton, Ontario, Canada L8N 3Z5.

Those who submit abstracts by the deadline will receive a response no later than May 31, 1988.

LIBRARY ASSOCIATION: MEDICAL HEALTH AND WELFARE GROUP ANNUAL CONFERENCE

Location: University of Surrey, Guildford, England.
Friday 9th September - Sunday 11th September 1988.

This group's Annual Conference will be on the theme of "Access to Information", and will include coverage of the library environment, library policy, specialist information, the law, and the impact of technology.

For further information contact:

Michael Carmel, Conference Co-ordinator
Regional Library Unit, Education Centre
Royal Surrey County Hospital
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The *Bibliotheca Medica Canadiana* is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library. Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome.

La *Bibliotheca Medica Canadiana* a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillent dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillent dans les bibliothèques de petite taille et les bibliothèques relativement isolées. Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus.

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A subscription to *Bibliotheca Medica Canadiana* is included with membership in CHLA/ABSC. The subscription rate for non-members is \$50 per year.

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INFORMATION FOR CONTRIBUTORS

MANUSCRIPTS

The editors of *Bibliotheca Medica Canadiana* welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada.

Contributions should be submitted in duplicate and the author should retain one copy. Contributions should be typed double-spaced and should not exceed six pages or 2100 words. Pages should be numbered consecutively in arabic numerals in the top right-hand corner. Articles may be submitted in French or in English but will not be translated by the editors or their associates. Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the *Oxford English Dictionary*; exceptions shall be at the discretion of the editors. Contributors who wish to submit their work in machine-readable format should contact the editors in advance to ensure that compatible equipment is available in the editorial offices.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

REFERENCES

All references should be given in the Vancouver style; see *Canadian Medical Association Journal* 1985;132:401-5. Contributors are responsible for the accuracy of their references. Personal communications are not acceptable as references. References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

ILLUSTRATIONS

Any illustrations or tables submitted should be black and white copy camera-ready for print. Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text. Illustrations and tables should include appropriate titles.

AVERTISSEMENT AUX AUTEURS

MANUSCRITS

Les rédacteurs de la *Bibliotheca Medica Canadiana* sont à la recherche de manuscrits ou d'autres renseignements portant sur le vaste domaine de la bibliothéconomie dans le contexte des sciences de la santé. Nous recherchons tout particulièrement des articles relatifs à la situation au Canada et à des thèmes d'actualité.

Les articles devraient être remis en deux exemplaires et l'auteur devrait en garder une copie. Les articles devraient être dactylographiés à double interligne et ne devraient pas dépasser six pages ou 2100 mots. Prière de numéroter les pages consécutivement en chiffres arabes en haut de la page à droite. Les articles peuvent être remis en français ou en anglais, mais ils ne seront pas traduits par la rédaction ni par les associés de la rédaction. Le style d'expression écrite se conformera à l'usage et à la syntaxe acceptables du français; il est préférable d'éviter l'argot, les sigles et autres abréviations obscures. L'orthographe se conformera à celle du Robert; les exceptions à cette règle seront à la discrétion de la rédaction. Les auteurs qui désirent remettre leurs manuscrits sous forme électronique devraient communiquer à l'avance avec la rédaction afin de s'assurer que l'équipement compatible est disponible aux bureaux de la rédaction.

Tout article devrait s'accompagner d'une lettre explicative fournissant les informations suivantes: nom de l'auteur (dactylographié), son titre et lieu de travail, ainsi que tout autre détail que l'auteur jugerait utile à la rédaction.

REFERENCES

Toute référence devrait être citée selon le style dit de Vancouver; voir le *Journal de l'Association médicale canadienne* 1985; 132: 401-5. Les auteurs sont responsables de l'exactitude de leurs références. Les communications de nature personnelle ne sont pas acceptables comme références. Il ne faut citer une référence à un ouvrage inédit que si ce dernier est disponible à une adresse indiquée par l'auteur.

ILLUSTRATIONS

Les illustrations et les tableaux doivent être en noir et blanc, et prêts à l'impression. Les illustrations et les tableaux doivent être clairement identifiés en chiffres arabes et avoir des renvois clairs dans le corps du texte. Les illustrations et tableaux doivent comporter des titres pertinents.

BIBLIOTHECA MEDICA CANADIANA NEWS AND NOTES

The editors welcome news items from members of the Canadian Health Libraries Association, or any news that may be of interest to members. Please feel free to copy this form in any way for submission, and to attach separate sheets for lengthy items.

APPOINTMENTS ? Who _____
HONOURS ? What _____
AWARDS ? When _____
Where _____

PROMOTIONS ? Who _____
MOVES ? From _____
RESIGNATIONS ? To _____
When _____

SEMINARS ? What _____
WORKSHOPS ? When _____
Where _____

PUBLICATIONS ? What _____
BOOK REVIEWS ? Where _____
Citation _____

ACQUISITIONS ? What _____
GIFTS ? Why _____
GRANTS ? Amount _____
Donor _____

TRIPS ? Who _____
LECTURES ? Where _____
VISITORS ? When _____
Why _____

From:

To:

Lynn Dunikowski, Editor
Bibliotheca Medica Canadiana
Canadian Library of Family Medicine
Natural Sciences Centre
University of Western Ontario
London, Ontario N6A 5B7

BIBLIOTHECA MEDICA CANADIANA



The Bibliotheca Medica Canadiana is published 4 times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of contributors and the editor and not the CHLA.

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1988

- i Information for Contributors
- iv Newsgathering Form
- 179 From the Editors
- 180 Letter to the Editors - Jensen
- 181 A Word from the President
 - Greenwood
- 182 Quelques Mots de la Présidente
 - Greenwood
- ✓ 184 Report: Task Force on Hospital Library Standards - Greenwood
- 185 Libraries Without Walls
 - CHLA/ABSC Response
- 189 Auditor's Report - Kimmerly
- 193 CHLA/ABSC From Sea to Sea Programme
- 196 Continuing Education: Telemedicine

ORIGINAL PAPERS

- 198 Scientists and Information: How They Get It - Lloyd
- 203 Cataloguers and Dinosaurs
 - Kennedy
- 210 Grateful Med - Dilks & McKibbin
- 214 A Health Library in Northern Alberta - Bruce

... continued

NEWS AND NOTES

217	Groen New MLA President-Elect
217	Canadian Association of the History of Nursing in Canada
217	CHLA Anniversary Award
218	People on the Move
219	In Memoriam - Laurent-G. Denis
220	From the HSRC - Wong
221	Du CBSS - Wong
223	Meetings / Workshops
229	New Publications
232	Positions Available
236	CHLA Board / BMC Staff

FROM THE EDITORS

The Olympics have come and gone, but we'll remember them. Some of the most interesting media interviews were with the runners who carried the Olympic torch -- so many of them explained how carrying the torch made them feel part of Canada and made them proud to be Canadian. It's something you don't hear often.

We in the health libraries community have something new to give us pride in our Canadian identity: the election of Frances Groen, Life Sciences Area Librarian at McGill University, to the position of President-Elect of the Medical Library Association (MLA). Brief consideration of the numbers of our Association, about 400, versus the numbers of the MLA, about 5,000, will emphasize the statistical unlikelihood of such an event. Looking at the statistics should not overshadow the record of Mrs. Groen's contributions to the MLA, which have resulted in her election to that Association's highest office. We offer our congratulations, and look forward to a Presidential year with Canadian impact.

Since we'll be watching MLA activities with more than usual interest, we might want to emulate some of them -- for example, their willingness to be aware of and be involved in the political process. Have you noticed the column *Capital News* in the *MLA Newsletter*? Recent columns have included a list of "Contacts That Everyone Should Know", a summary of a major report on technology and U.S. government information policies, and a survey

of readers' political involvement. Would it be useful to have a similar column in *BMC*? With the developments in Canadian copyright legislation, now might be a good time to start.

Mostly, we tend to define Canadian as not American; some of us define a Canadian as someone who isn't interested in defining Canadian. But there are outbursts of questing for a national identity--we may be in one now; Maclean's recently devoted an entire issue to the topic. What does being Canadian mean to you as a health librarian? Often, it seems to mean frustration. It means finding only American material when you're researching a topic: American statistics, American articles, American standards. Our Association is working to help change this situation. CHLA has already produced *Canhealth*, a valuable compendium of Canadian information resources. Two of our members, Tom Flemming and Diana Kent, are in the process of developing a much-needed course on Canadian health statistics. The Task Force on Hospital Library Standards is working diligently to develop standards appropriate to Canadian institutions. You too can participate in producing and improving access to Canadian information -- there's lots left to do!

For those who want to feel Canadian and can't, may we suggest visiting another country? Even (or especially) the United States would do. The Medical Library Association Annual Meeting is in New Orleans this year, a city of great

jazz and nightlife, and wonderful food. The Special Library Association Annual Meeting is in Denver Colorado, a fabulously scenic state with its own special atmosphere of the wild west and gold-mining and the joys of living outdoors. When you start complaining about how most U.S. city centres shut down at five o'clock, and wondering how Americans can possibly get along without knowing how to make tea properly, you're starting to feel Canadian. (New Orleans is the exception here, it doesn't ever close down. They probably know how to make tea too, although it will likely be accompanied by some exotic liqueur.)

Lynn Dunikowski

Lynn Dunikowski
Editor

Last but not least in the recipe for bolstering Canadian identity is to visit other parts of your own country -- Halifax for our Association's 12th Annual Meeting, for instance. Halifax and Nova Scotia are wonderful to explore -- the ocean and beautiful beaches and coves, the Cabot Trail, the Annapolis Valley. (This account is not at all biased by the fact that one of your editors was born on Cape Breton Island.) The meeting promises to be most interesting; we present the program on pages 193-5 of this issue, and there are further details on pages 223-5. Why not get out your travel brochures and plan a holiday?

Claire Callaghan

Claire Callaghan
Assistant Editor

LETTER TO THE EDITORS

Editor's note: The following letter responds to Ms. Greenwood's letter expressing CHLA's concern with the practice of publishing varying editions of a journal (BMC 1988;9(3):130).

Dear Ms. Greenwood:

In response to concerns voiced by you and by some Canadian libraries, I've decided to resume serving all Canadian subscribers the same edition of Nursing88. This policy will begin with the May issue.

I trust this will clear up any confusion that has existed since 1986 when the practice of serving demographic editions to various nursing specialties, as we do in the United States, was extended to Canada.

Thank you for your interest in Nursing88.

Sincerely,

Marlene F. Jensen, Vice President, Magazines
Springhouse Corporation

A WORD FROM THE PRESIDENT

Jan Greenwood

Manager of Library Services
Ontario Medical Association
Toronto, Ontario

It is perhaps irreverent to report that following a week in California I have some difficulty recalling the details of the Board meeting which took place at the O.M.A. on March 4-5!

Much of my time was spent on the UCLA campus where I visited the History of Medicine and Medical libraries and even attended lectures on medical ethics and health economics. There was something decidedly disconcerting about meeting with aggressively tanned and healthy looking Californian colleagues who were bundled up in winter clothes to ward off the rigours of 21 degree temperatures while I paraded my pallid bod in an odd assortment of beach clothes.

The agenda for the Board meeting was foolishly ambitious - my fault entirely - but your elected representatives were stalwart to the end. As usual the full minutes will be circulated to all chapter presidents, but a few highlights deserve mention here.

ASSOCIATION BUSINESS

The meeting gave the members of

the Board and opportunity to meet our new auditor Mr. Ken Kimmerly, whose financial statement appears elsewhere in this issue of BMC. I am pleased to report to the members that it is to the credit of our current and past treasurers that Mr. Kimmerly expressed immense satisfaction at the way in which the Association's affairs have been and are being conducted.

NEW CHAPTER

It is always a pleasure to mark the occasion of the formation of a new chapter since these are obviously the life-blood of the Association. At the Board meeting approval was given to our thirteenth chapter: the Northwestern Ontario Health Libraries Association. NOHLA is centered in Thunder Bay and draws for its membership largely upon health libraries which are participants in the Northwestern Medical Programme administered by McMaster University. Carol Schmaltz is its first co-ordinator; Barbara Murray its secretary.

FLOWER REPORT

Thanks to the feedback from CHLA chapters the Board was able to formulate a preliminary response to the FLOWER REPORT which will be taken to the HSRC Advisory Committee meeting on April 8 and is reproduced herein (p. 185-8). Concrete reaction to the REPORT will necessarily take time to evolve and the Board continues to encourage your comments, both on the REPORT itself and on CHLA's initial response.

MEMBERSHIP SERVICES

The Board continued to examine ways in which it can consolidate support for the chapters and this topic will be pursued further at the meeting scheduled for June 11.

A decision was made to develop a series of CHLA FACT SHEETS, the

focus of each to provide basic information about a specific topic for library personnel or, in some cases health library users. Suggested topics include CD-ROM, copyright, electronic mail and inter-library loans. The board invites CHLA members to send in their suggestions and to volunteer their expertise.

ANNUAL CONFERENCE

Ann Barrett gave a tantalizing presentation on the '88 Conference which promises to be excellent, both in terms of the plenary and continuing education programs, as well as the social functions. The Conference will address a variety of issues pertinent to health libraries in Canada today and I hope that many CHLA members will avail themselves of this opportunity to get involved in Halifax.

QUELQUES MOTS DE LA PRESIDENTE

Jan Greenwood

Responsable des services de bibliothèque
Association médicale de l'Ontario
Toronto, Ontario

Il est peut-être impertinent de l'avouer mais après une semaine en Californie j'ai de la peine à me rappeler les propos de la réunion du Comité (O.M.A./A.M.O., Toronto; 4-5 mars).

Je me suis surtout retrouvée sur le campus de UCLA dans la Bibliothèque médicale et dans celle de l'Histoire de la médecine. J'ai même assisté à des conférences sur le code déontologique et sur les aspects économiques de la santé.

C'est un peu plus que déconcertant cette rencontre avec mes collègues de la Californie compte tenu de leur belle couleur bronzée et de leur santé éclatante. Alors que j'étale ma pâleur dans un assortiment bigarré d'affaires de plage mes Californiens doivent s'emmitoufler pour se protéger contre un frig-horifique 21° C.

Malgré un ordre du jour beaucoup trop ambitieux - mea maxima culpa - vos représentants ont bien su tenir

le coup. Comme d'habitude, le compte rendu sera remis aux présidents de chapitres mais il importe d'en souligner quelques faits saillants.

L'ORDRE DU JOUR

La réunion a permis aux membres de faire la connaissance de M. Ken Kimmerly, le nouveau comptable, dont la déclaration budgétaire se trouve ailleurs dans ce numéro. Tout à notre honneur, M. Kimmerly annonce que la gestion budgétaire de l'Association a été et continue toujours d'être en très bonnes mains grâce surtout à nos trésoriers d'hier et d'aujourd'hui.

NOUVEAU CHAPITRE

Nous accueillons toujours les nouveaux chapitres avec le plus grand plaisir car ils représentent, bien sûr, la force vitale de notre Association. Le Comité a donc reconnu notre treizième chapitre: l'Association des Bibliothèques de la santé du nord-ouest de l'Ontario (NOHLA). Ce nouveau chapitre siège à Thunder Bay et ses abonnés proviennent essentiellement des bibliothèques de la santé qui participent au Northwestern Medical Programme (Programme médical du Nord-Ouest) géré par l'Université McMaster. Carol Schmaltz en est la coordonnatrice avec Barbara Murray au secrétariat.

LE RAPPORT FLOWER

Grace au feed-back des chapitres du CHLA/ABSC, le Comité a pu formuler une réponse préliminaire au RAPPORT FLOWER. Incluse dans ce

numéro, cette réponse sera déposée le vendredi 8 avril au moment de la réunion du Conseil Consultatif du HSRC/CBSS. Une réponse définitive requiert un certain temps et le Comité encourage vos commentaires tant sur le RAPPORT même que sur la réponse préliminaire faite par le CHLA/ABSC.

SERVICES AUX ABONNES

Le Comité s'interroge toujours sur la meilleure façon d'appuyer les chapitres ce qui fera aussi l'objet de la réunion du 11 juin.

Une décision a été prise sur le développement d'une série de BILANS CHLA/ABSC. Chacun des BILANS chercherait à faire parvenir des renseignements précis sur un sujet particulier d'intérêt au personnel des bibliothèques ou même, parfois, à la clientèle des bibliothèques de la santé. Parmi les thèmes proposés se trouvent les CD-ROM (lecteur de disque), les droits d'auteurs, le courrier électronique et les emprunts entre bibliothèques. Les membres sont priés de faire parvenir leurs suggestions et de partager leurs compétences.

CONFERENCE ANNUELLE

La communication d'Ann Barrett démontre clairement que la conférence 88 s'annonce prometteuse d'abord sur le plan des programmes pléniers et d'éducation permanente non moins qu'au niveau des activités sociales. La conférence abordera un grand nombre de questions pressantes relatives aux bibliothèques de la santé canadiennes. Impliquons-nous à Halifax!

REPORT OF THE CHLA/ABSC TASK FORCE ON HOSPITAL LIBRARY STANDARDS

Jan Greenwood, Chair

Manager of Library Services
Ontario Medical Association
Toronto, Ontario

At its meeting of February 26-27 the Task Force completed revisions of STANDARDS I-VIII in preparation for DRAFT I which will be circulated to all CHLA/ABSC members during May. Substantial changes were made to STANDARD III: DIRECTION AND STAFFING, and the new STANDARD VI: INFORMATION RESOURCES AND SERVICES PROGRAM was expanded to do justice to the professional responsibilities of hospital library staff, particularly with respect to collection development and information technology.

DRAFT I will comprise the CCHA standards as they currently exist, the proposed revisions and at least one background document per standard. A classification "TABLE FOR DETERMINATION OF HOSPITAL CATEGORY" has been approved and owes much to the ALBANY MANUAL. Definitions for library personnel have also been approved, as have the recommended contents for library policies and procedures manuals. At the time of writing a glossary and a background document for STANDARD IV: FACILITIES, EQUIPMENT AND SUPPLIES are being developed, and Task Force members are selecting sample quality assurance audits for inclusion.

I would like to urge CHLA/ABSC members who are planning to attend the Annual Conference in Halifax to digest the above document in preparation for the planned open

forum. Since the Task Force itself will also meet in Halifax on June 16, other members should forward their suggestions for improvement to me no later than June 6; please include, if you can, suggestions for recommended core lists, sample QA audits and any references that might be usefully included in the planned selective bibliographies.

I hope to see as many hospital librarians as possible at the Panel on Hospital Library Standards in Halifax where, incidentally, Ursula Poland will be on hand to offer her invaluable comments and advice. See you there!

Libraries Without Walls: Blueprint for the Future

Report of a Survey of Health Science Library Collections and Services in Canada

CHLA/ABSC Response

INTRODUCTION

Libraries Without Walls: Blueprint for the Future is the "report of a survey of health science library collections and services in Canada." It is a work worthy of thoughtful consideration and debate among all those concerned with the many problems that impede access to the information needed to provide quality health care in an efficient and effective manner.

Since the report was published, CHLA/ABSC has taken every available opportunity to draw it to the attention of the health library community. The author of the report, Mrs. Flower, was invited to speak at the 1987 CHLA/ABSC Annual Conference in Vancouver about her findings and this presentation was subsequently published in *Bibliotheca Medica Canadiana* 9(2): 98-103). More than 200 copies of the report have been distributed to medical school, library school and teaching hospital libraries throughout Canada. A copy has also been deposited with each of the twelve association chapter executives who have been encouraged to discuss the issues raised by the report at local meetings. The report has just been translated into French and soon will be available for similar distribution

in the francophone health library community.

In spite of the fact that CHLA/ABSC members will not have an opportunity to discuss the Flower Report in an open forum until the June 1988 CHLA/ABSC Annual Conference, the Board, with input from Chapters of the Association received before March 1, 1988, would like to make the following preliminary response to the report's recommendations in preparation for the HSRC Advisory Committee meeting scheduled for April 8.

We sincerely hope that for our Association, HSRC and SRCMSL, these remarks, along with those already submitted by some of the parties to this study, will only serve as an introduction to a continuing dialogue aimed at maintaining and improving the delivery of quality health care information in Canada.

Response to the Recommendations

Recommendation:

As a matter of urgency, a task force on harnessing technology for health sciences information should be established.

Response:

The CHLA/ABSC Board shares the opinion of CISTI that the establishment of a task force on harnessing technology would not be a practical solution for dealing with the enormous issue of technology and its impact on information. Acknowledging that the recommendation touches upon a critical issue we must nevertheless recognize that the majority of health science centres and hospital libraries have little choice but to adopt the technologies offered by their parent organizations.

With this constraint, the CHLA/ABSC Board believes that what is really required is the education of health sciences and hospital library personnel, including administrators, so that they may be aware of the technology already available and how it can best be used to manage and improve the dissemination of health information. We would, for example, like to explore the ways whereby teaching and non-teaching hospital administrators could be convinced to purchase basic, inexpensive, stand-alone computer equipment to allow health information providers to access online medical databases or electronic mail services and to build efficient in-house databases to make their collections more accessible.

As part of this education process the CHLA/ABSC Board intends to prepare a series of fact sheets on information technology (among other subjects) for distribution to CHLA/ABSC members. We welcome the participation of CISTI, and anyone else so inclined, in any co-operative project which will help health information providers keep abreast of technological developments and

become champions in their implementation, wherever it is deemed to be of use in bridging the information gap. In this respect we are already grateful to CISTI for offering to assume responsibility as a depository for information reports on turnkey and other systems, for agreeing to establish an Automation Referral Registry, and to keep health sciences libraries informed on the latest technical innovations through various publications.

Recommendation:

In each health sciences centre an Information Management Council should be established.

Response:

Although we are in basic agreement with this recommendation, the CHLA/ABSC Board believes that the establishment of such councils is normally part of broader university policies and existing university administrative structures and as such is outside our purview. The wisdom of creating such councils and their possible impact on information management policy within a given institution is something that must be considered at the local level and within existing local frameworks.

Recommendation:

A Joint SRCMLS/CHLA Committee should be established to study interlibrary loans in the health sciences sector, and to make recommendations on a) ways to manage the volume; b) ways to rationalize costs; and c) ways to improve delivery time.

Response:

While the CHLA/ABSC Board approves the recommendation that a joint committee be established to study interlibrary loans in the health sciences sector, it would like to see that, in addition to representation from SRCMSL and CHLA, there be a representative of HSRC, the largest supplier of interlibrary loans to the health sciences community. The Board also specifically recommends the appointment of Donna Dryden to this proposed committee, since she will be President-Elect of CHLA/ABSC in 1988-89 and is a member of the HSRC Advisory Committee.

If a Committee is established it should seek the strong co-operation of other organizations such as CLA and CISTI, which are working on an even broader scale to solve the current interlibrary loan problems exacerbated by increasing costs and diminishing collections. Seeking further co-operation is also important when we consider that the interlibrary loan policies of most health science centres are determined by the universities of which they are a part and not by the centres themselves.

Although not within the scope of the report, CHLA/ABSC believes that any task force considering the interlibrary loan question must also consider ways in which smaller centres can be helped to utilize their local resources to the fullest extent. These centres must be educated about the resources available to them through CISTI, their local health science centres, networks, and commercial vendors in order that they all may have equal opportunity of access to information. They must also be encouraged to join in the computer and

telecommunications revolution which could greatly assist them in access to and the sharing of information. Some of this work has already been done at the Chapter level where several libraries have co-operated to produce local union lists. More can and needs to be done.

Recommendation:

It is recommended that a working party be struck to review and explore present and potential sources of financing for health sciences libraries in Canada.

Response:

Since health care funding is largely a provincial, and to a lesser extent, federal matter, the CHLA/ABSC Board believes that this recommendation is outside its jurisdiction. We, of course encourage the health science centres to use whatever means are at their disposal to make their respective provincial governments, as well as the federal government, aware of the need for more funding. We also encourage them to take a more active role in marketing their expertise and resources in order to encourage greater financial participation by the public at large through the establishment of endowments and the like.

We all share in the obligation to give health information the high profile it deserves and to prove it worthy of public support.

Recommendation:

It is recommended that the Health Sciences Centre at CISTI be maintained and strengthened.

Response:

The CHLA/ABSC Board would like to see HSRC maintained and strengthened by:

- 1) Re-allocating its resources in ways that will exploit the expertise of the health sciences library community throughout Canada and
- 2) Focussing its efforts upon education, especially with respect to information technology.

The CHLA/ABSC Board will continue to seek input from its members and to consider the many implications of the report. More important, it will continue to strive to keep its members informed and to help them in their goal of providing their clients with the most efficient and effective access to information. We hope that all who are involved in or affected by this study share this same goal.

KENNETH D. KIMMERLY
CHARTERED ACCOUNTANT
10 RUSSELL ROAD
ETOBICOKE, ONTARIO M9P 3G5

AUDITOR'S REPORT

To the Directors

Canadian Health Libraries Association

I have examined the Statement of Financial Position of the Canadian Health Libraries Association as at May 31, 1987 and the statements of Capital, and Income and Expenses for the year then ended. My examination included a general review of the accounting records and other supporting evidence as considered necessary in the circumstances.

My examination of income which, because of its nature cannot be verified completely, was limited principally to tests of the deposits of recorded receipts in authorized depositories.

In my opinion, subject to the preceding paragraph, these financial statements present fairly the financial position of the Association as at May 31, 1987 and the results of its operations for the year then ended, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

K.D. Kimmerly
Chartered Accountant

Etobicoke, Ontario
March 4, 1988

CANADIAN HEALTH LIBRARIES ASSOCIATION STATEMENT I
STATEMENT OF FINANCIAL POSITION

AT MAY 31, 1987

	<u>1987</u> \$	<u>1986</u> \$	<u>1985</u> \$
<u>Assets</u>			
Cash in Banks	44,819.24	21,144.76	5,838.55
Term Deposit	-	-	16,400.00
Advance - Conferences	3,000.00	3,500.00	-
	-----	-----	-----
	47,819.24	24,644.76	22,238.58
	-----	-----	-----
Microcomputer	5,056.53		
Exhibition Screen	812.00		

	5,868.53		
Less Depreciation	1,173.70		

	4,694.83		

 Total Assets	 52,514.07	 24,644.76	 22,238.58
	=====	=====	=====
 <u>Liabilities</u>			
Dues collected in Advance	2,509.87	-	3,758.26
Accounts Payable	500.00	300.00	150.00
	-----	-----	-----
	3,009.87	300.00	3,908.26
	-----	-----	-----
 <u>Capital</u>			
Per Statement II	49,504.20	24,344.76	18,330.32
	-----	-----	-----
 Total Liabilities and Capital	 52,514.07	 24,644.76	 22,238.58
	=====	=====	=====

CANADIAN HEALTH LIBRARIES ASSOCIATION

STATEMENT II

STATEMENT OF FINANCIAL POSITION

AT MAY 31, 1987

	<u>1987</u>	<u>1986</u>	<u>1985</u>
	\$	\$	\$
Balance - Start of Year	24,344.76	18,330.32	8,919.70
Adjustment	-	2,000.00	-
	-----	-----	-----
	24,344.76	20,330.32	8,919.70
Excess of Income over Expenses During Year Statement III	25,159.44	4,014.44	9,410.62
	-----	-----	-----
Balance - End of Year	49,504.20	24,344.76	18,330.32
	=====	=====	=====

CANADIAN HEALTH LIBRARIES ASSOCIATION STATEMENT III

STATEMENT OF FINANCIAL POSITION

AT MAY 31, 1987

	<u>1987</u>	<u>1986</u>	<u>1985</u>
	\$	\$	\$
<u>Income</u>			
Membership Dues	16,050.32	9,973.26	9,911.05
Conference Income	13,998.71	3,571.88	11,073.11
Computer Rentals	6,000.00	-	-
Membership Lists	748.63	-	-
Royalties - Canhealth	702.70	-	-
Sundry	-	445.11	254.83
Interest Earned	1,249.80	1,887.29	2,528.92
CIDA Grant	-	1,000.00	-
	-----	-----	-----
Total Income	38,750.16	16,877.54	23,767.91
	-----	-----	-----
<u>Expenses</u>			
Convention Expense	-	-	2,300.00
Printing and Postage	4,230.32	5,366.29	7,331.86
Translation	425.64	525.60	766.35
Travel and Meetings	5,005.49	5,534.86	3,686.43
Audit Fees	500.00	300.00	150.00
Research Grants	675.00	500.00	-
Anniversary Award	500.00	-	-
Depreciation	1,173.70	-	-
Sundry	1,080.57	636.35	122.65
	-----	-----	-----
Total Expenses	13,590.72	12,863.10	14,357.29
	-----	-----	-----
Excess of Income Over Expenses	25,159.44	4,014.44	9,410.62
	-----	-----	-----

CHLA / ABSC '88 FROM SEA TO SEA

CITADEL HALIFAX

JUNE 11 - 15, 1988

PROGRAMME

SATURDAY, JUNE 11

9:00 - 17:00	Board Meeting	Suite 250
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SUNDAY, JUNE 12

8:00 - 18:00	Staffed Registration Desk	Upper Lobby
9:00 - 17:00	CE 17 "Developing In-House Data Bases" - Jane Beaumont	Salon V
9:00 - 17:00	CE 18 "Put It in Writing" - Eileen Pease	Salon VI
18:30 - 20:30	Harbour Cruise, sponsored by McAlinsh	Harbour Queen

MONDAY, JUNE 13

8:00 - 17:00	Staffed Registration Desk	Upper Lobby or Pool Patio
9:00 - 9:15	Welcomes and Announcements Penny Logan, President, MHLA Jan Greenwood, President, CHLA	Cavalier Room
9:15 - 10:00	Keynote Speaker, Dr. David Horrobin, Efamol. Introduced by Chris Toplack. "Scientific Medicine - Success or Failure?"	Cavalier Room

CHLA/ABSC '88 FROM SEA TO SEA - PROGRAMME

10:00 - 11:00	Nutrition Break Exhibits Opening - Bill Owen	Pool Patio Terrace Room
11:00 - 12:00	Integrated Academic Information Management Systems - IAIMS Naomi Broering, Medical Library, Georgetown University. Introduced by Ann Manning.	Cavalier Room
12:00 - 13:30	Lunch. Speakers' and/or Interest Groups	To be decided
	Lunch. General Delegates	Individual Choice
13:30 - 14:30	Workload Measurement Systems. Florence Hersey. Introduced by Joyce Kublin.	Cavalier Room
14:30 - 15:15	Break/Exhibits	Pool Patio & Terrace Room
15:15 - 17:00	Panel on Hospital Library Standards moderated by Anitra Laycock	Cavalier Room
18:30 -	Banquet (Bus to Shore Club for Lobster Dinner)	Shore Club, Hubbards

TUESDAY, JUNE 14

8:30 - 12:30	Staffed Registration Desk	Upper Lobby or Pool Patio
9:00 - 10:00	Panel on Response from Academics, Hospitals, CISTI to "Libraries Without Walls" (the Flower Report) Moderated by Ann Manning	Cavalier Room
10:00 - 10:45	Break/Exhibits	Pool Patio & Terrace Room

CHLA/ABSC '88 FROM SEA TO SEA - PROGRAMME

10:45 - 12:00	Technology Update. Coordinated by Bill Maes. Technology examined will include: Hypercard, Desktop Publishing, Sydney, LANs (Local Area Networks) and CAI.	Cavalier Room
12:00 - 13:30	Lunch. Speakers and/or Committees	To be decided
	Lunch. General Delegates	Individual Choice
13:30 - 15:30	Annual General Meeting	Cavalier Room
15:30 - 16:00	Break/Exhibits	Pool Patio and Terrace Room
16:00 - 17:00	CISTI Update, Maureen Wong, HSRC	Cavalier Room
17:00 -	Post-Conference Board Meeting	Conference Suite

WEDNESDAY, JUNE 15

9:00 - 17:00	CE 459, MLA "Online Biochemical Searching in the Health Sciences" Bonnie Snow	Salon V
9:00 - 12:00	CE 19 "Training Your Staff" Penny Kenmay	Salon VI

CONTINUING EDUCATION

CONTINUING EDUCATION THROUGH TELEMEDICINE

Teleconferencing can be defined as two-way communication among groups or individuals remote from each other, using a telecommunications medium. There are three general types of teleconferencing: audio only, audiographic (which involves the use of devices such as freeze frame television), or video. The use of these technologies in the health care system is called telemedicine or telehealth. Given Canada's geographic enormity, it is a natural territory for telemedicine. The country is vast, but sparsely populated, and this situation creates a need to link people to ensure the transfer of knowledge and the exchange of information.

The delivery of continuing education is one of the primary applications of teleconferencing in the health care system. It has always been expensive for isolated health professionals to attend educational meetings and workshops in major city centres, and the costs of maintaining professional competence are continuing to rise. Audio teleconferencing in particular, because of its cost-effectiveness, has been a popular medium in Canada for the delivery of continuing education programs.

Established in mid-1982 as a joint venture between the Royal College of Physicians and Surgeons of Canada and Toronto General Hospital, Telemedicine Canada was then called The Joint Royal College

/Toronto General Hospital Teleconferencing Project. It was designed as a two year pilot project, the primary aim of which was to establish an audio teleconferencing system that the College could use for administrative and continuing medical education purposes. The project was deemed successful and the Ontario Ministry of Health in 1984 supplied a large grant that was to be applied over three years, and was to involve all five Ontario medical schools in the further growth and development of Telemedicine Canada.

That three-year period, and Ministry involvement, ended in March 1987 and since then Telemedicine Canada has been owned and operated jointly by Toronto General Hospital, the University of Toronto and McMaster University. Telemedicine Canada now boasts more than 360 participating facilities nationwide, producing 35 different series in three categories: physician, nursing, and allied health.

Telemedicine Canada has recently launched a series of continuing education programs designed specifically for hospital library personnel. Management Skills for Hospital Librarians, planned in consultation with the Ontario Hospital Libraries Association, features audio teleconferences on a variety of topics: the subject of "Collection Development" was recently presented by Margaret

Taylor of the Children's Hospital of Eastern Ontario. Claire Callaghan of the University of Western Ontario will talk about "Serials Management" on May 18. Hosted by Jennifer Bayne, Chief Librarian at Toronto General Hospital's Fudger Medical Library, this series offers library personnel the chance to expand their knowledge, upgrade their job skills, and share ideas with other professionals across the country.

The vehicle is the telephone. Equipment consists of a speaker box and microphone(s) that hook up simply to your telephone line. Registered participants simply dial a phone number that automatically links them up to a live teleconference. All programs are interactive -- audiences not only listen to a presentation, but also have the opportunity to ask questions or make comments.

The cost is \$55 per program per location. This flat fee includes any slides or handouts that may accompany a program, as well as mailing costs. The cost remains the same regardless of the number of participants at each health care facility. The hospital library series is offered on Wednesdays from 2:30 - 3:20 p.m. (Eastern time). All programs follow a "within the hour" lecture format to minimize loss of staff time. Parti-

cipants must register by telephone a minimum of three weeks in advance. For more information, contact Andrea Steiner at 1-416-595-4472.

FOR FURTHER READING

Chouinard J. Satellite contributions to telemedicine: Canadian CME experiences. *Can Med Assoc J* 1983;128:850-5.

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SCIENTISTS AND INFORMATION: HOW THEY GET IT

D.A. Lloyd, M.B., F.R.C.P.C.

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Science is an activity which requires the scientist to build upon the body of past and present knowledge and is consequently dependent on an unimpeded flow of information among its participants.¹ Communication among scientists takes place in a variety of forms, mainly in learned journals. The growth in scientific literature and thus the number of journals is prolific.

GROWTH OF SCIENTIFIC LITERATURE

For the scientist, this growth in knowledge does not simply necessitate coping with additional new information, but also with knowledge that has become outdated or obsolete. Not surprisingly many scientists are frightened and overwhelmed; they either do not read or try to keep current, or limit themselves to subjects of special interest.

The first volume of Index Medicus contained approximately 17,000 citations from 700 journals. Today a single month's volume contains an average of 21,000 citations from over 3,000 journals.² Any attempt to keep abreast of new information represents a major problem. In 1986, Haynes et al in the first of an excellent series of six articles, discussed the problems faced by health professionals in

attempting to keep up with the literature.³ To keep up with 10 leading journals in internal medicine a reader must digest 200 articles and 70 editorials each month.⁴ It has been estimated that the biomedical literature is expanding at the rate of 6% to 7% per annum so that the information available to read will double in 10 to 12 years.⁵

The reasons cited for reading are obvious and include:

- a. to keep knowledge current
- b. to solve a specific problem
- c. to prepare for a research project
- d. to keep abreast of professional news

While the reasons provided are admirable, the strategies that readers use are not always so admirable. Thus non peer-reviewed journals are read, scanning or browsing is a regularly used strategy, and library indexing systems are used infrequently. In a survey of the time spent reading Canadian physicians claimed to read 3 hours per week.⁶ To provide them with skills to utilize that time more efficiently, they need to be educated on how to read critically

and where to find the information in the most efficient and cost effective manner.

Currently, methods employed to search for information include:

- a. asking a colleague
- b. searching a personal library
- c. leafing through Index Medicus
- d. engaging a specially trained librarian
- e. end-user searching

SURVEY OF MEDICAL FACULTY

To assess computer use and needs a survey of a random sample of

faculty members in the faculty of medicine at the University of Western Ontario was conducted by me in the spring of 1987. 377 survey forms were sent out and 270 replies received (72% response rate). Of the respondents, only 14% had no access to a computer, while most had more than one computer, usually one at work and one at home. The level of computer literacy was found to be low with only 28% of respondents having taken a computer course; of those only half had registered for a university course.

In this survey we were interested in the methods by which faculty members research the biomedical literature. The profile of 287 searchers is shown in Table 1. 18 (6.3%) described themselves as end-users while some at the same time continued to use the librarian

Table 1

UNIVERSITY OF WESTERN ONTARIO MEDICAL FACULTY PROFILE OF 287 SEARCHERS

<u>Search frequency</u>	<u>End-User</u>		<u>Intermediary Search</u>		<u>Total (%)</u>
	n (%)	group%	n (%)	group%	
	18 (6.3)		269 (93.7)		287 (100)
Never	0		17 (5.9)	11.1	
< Once a month	6 (2)	40	114 (39.7)	74.5	
Once a month	7 (2.4)	46.7	21 (7.3)	13.7	
Once a week	2 (0.7)	13.3	1 (0.3)	0.7	
Once a day	0		0		
Total	15	100 %	153	100 %	

as an intermediary searcher. The majority, 269 (93.7%), used an intermediary to do their searches. A surprising finding was how infrequently respondents needed to conduct a literature search. At least 48% of the total group conducted a search less than once a month.

The reason for becoming an end-user and continuing to do so was usually because of the time delay in obtaining the information from other sources, and the convenience of having the search process take place within the office. Most end-users described themselves as being self taught with the search software vendor's manual as the source of information.

Information sought was for research purposes, solution of clinical problems and keeping up to date. 50% of end-users would advise colleagues to start searching themselves, whereas 15% would advise strongly against starting. None of the group surveyed felt that either personal search or the use of an intermediary searcher had influenced their reading habits, journal subscriptions or attendance at meetings.

I believe that we should assume that this group of end-users will always remain novices but that there is generally sufficient satisfaction with their own searches that most will continue. Those disappointed with their results after a search will likely benefit from further education.

END-USER SEARCHING

Several studies have been conducted to assess the effectiveness of end-user searching. Haines reported that 76.5% were moderately

satisfied with the quality of their searches. When comparing the results of their searches with those of an intermediary, end-users preferred the latter.⁷ Kirby and Miller in a 1986 study, compared end-user search results with those conducted by themselves on the same subject. BRS Colleague was the search vendor used. In 60% of searches end-users found the intermediary result better. Of the Colleague searches initially judged successful by the end-user, 54% were missing key articles during a follow-up search.⁸ These are only two examples from the fairly extensive literature describing investigations in this field.

The problems identified have been described predominantly as difficulties with Boolean logic, and in particular, difficulty with the contradiction between the grammatical and the logical 'AND' and 'OR'. The other main problem is "unfriendly" search software. While "friendly" software has been criticized as increasing the cost telecommunications charges, to the casual and novice searcher a simple and friendly system will increase the yield and satisfaction. The National Library of Medicine has come closest to the ideal low-cost, user-friendly software with Grateful Med Version 3.0.

The cost of searching has a significant effect on the frequency of searching. In a Michigan study, Crooks found that 99% of participants would use a free service but only 56% would if a \$10 fee were imposed.⁹ Numerous other authors have confirmed the cost ramifications of end-user searching.

Some suggested solutions for improving the way in which medical scientists access the biomedical

literature are as follows:

- a. provide training but at the same time have resource librarians available to assist the end-user. There are several studies that support the preference of end-users to have a librarian on hand to assist with the search strategy.¹⁰ This scenario would likely result in a different role for the reference librarian. There is evidence, not surprisingly, that those who receive some training in online catalog use report more satisfaction with the returns obtained from their searches.
- b. the training format should include the use of text material combined with computer assisted instruction (CAI). The text supplied is essential for future reference and cannot be superseded by other formats of instruction. All new trainees should have their search strategy approved by the teacher before going on-line. Ideally, the user should be taken "by the hand" for the first search.
- c. CD-ROM (Compact Disc - Read-Only Memory) technology offers access to bibliographic databases without the online connect costs. It is possible to provide this service at low cost in a library. Generally, with training there is a high rate of user satisfaction.

CONCLUSION

Within the last few decades, powerful forces have radically changed the way that health care is delivered. The explosion of knowledge in the basic medical sciences makes it a formidable task to keep abreast of current develop-

ments. Advances in computer technology have radically changed the way in which the literature is organized, and the way in which it can be accessed. For those scientists who are educated in the techniques of searching, communication with librarians will be improved and this will enhance the quality of literature searches.

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CATALOGUERS AND DINOSAURS: WHAT DO THEY HAVE IN COMMON?

Wendy Kennedy

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Originally, I imagined that this talk was going to be a light-hearted generally humorous account of what cataloguers do, and why they do it. However, the more I read, and the more I pondered on the topic, the less funny it became. The saving grace may be that it is not overly erudite either - it is my own personal viewpoint of cataloguing, where it is at within the profession, and my hopes and aspirations about where I would like to see it go.

WHY DINOSAURS?

"Why dinosaurs?" No, I don't think we look alike! The only remotely connected item of Brontosauorean proportions that I can relate to cataloguers may be the data bases that we manage and maintain. There is also no comparison when it comes to length of existence. It is humbling when one considers that the dinosaurs were the dominant form of life of earth for 140 million years. The human race, much less the cataloguer, will indeed be fortunate if it survives for an equivalent time span.

This is an abridged version of a presentation given at the annual dinner of the Friends of the School of Library and Information Science, University of Western Ontario, on February 5, 1988.

For my own protection, I suspect it may be unwise to make further comparisons, especially on such trivial facts as that dinosaurs were both slow moving and had small brains!

So what do we, the cataloguer and dinosaur, have in common? **Success!** Because dinosaurs are extinct they are often considered to be failures. In fact the opposite is true. With the breakup of the great land-mass Pangaea about 200 million years ago, dinosaurs had to evolve and adapt to a world literally falling apart, as continents moved, mountains rose and fell, and seas first inundated and then subsided from the land. Although the challenges facing cataloguers could not be said to be of such gigantic proportions or of the life-threatening type, I do submit that they too have been successful in adapting to a constantly changing environment. An examination of library literature of recent years provides evidence for the fact that cataloguing as a professional activity is in fact withering away. Before examining some of the reasons for this, I must state that I firmly believe that the cataloguer story is a success story! - one of the greatest success stories in librarianship in this century.

All the major developments in

sharing cataloguing data have occurred as a result of the co-operative efforts of cataloguers and cataloguing groups. The international standards for bibliographical description (the slashes, dashes, hyphens, etc.), the adoption of standards for description and access (the infamous AACR2), and the development of standards for the exchange of machine-readable cataloguing data (the MARC formats) all enabled the increased widespread sharing of cataloguing data both at the national and international level. Developing technology merely speeded up and aided this process of increased standardization which is essential for the sharing of cataloguing records. The adherence to standards, the sharing of authority work, and the exchanging and linking of records housed in separate bibliographic utilities are the result of the desire by both administrators and cataloguers that the cataloguing process for a given item need not and should not be repeated in every library that obtains that item.

The impetus for these developments has of course been primarily financial - the need to make cataloguing cost-effective by avoiding duplication of effort. The end result of this tremendous cooperative effort is that approximately 90% of the cataloguing done in large research libraries is based on cataloguing copy obtained from other sources - from the national cataloguing agencies such as the Library of Congress, the National Library of Canada, the British Library, and the National Library of Medicine; as well as from members of bibliographic utilities such as UTLAS, OCLC, RLIN, etc.

DECLINE OF THE CATALOGUER

The irony of all of this is that such a success story sowed the seeds of destruction for the professional cataloguer. Ruth Hafter in her book *Academic librarians and cataloging networks: visibility, quality control, and professional status* provides some indication that this may indeed be a widespread phenomenon.

"In five of the six libraries where I interviewed catalogers, administrators, and other staff members there had been an overall decline in the size of the cataloging departments during the past decade. In general, fewer professional catalogers were employed, but the reduction in their numbers was not as great as in the number of clerks whose very routine jobs (e.g. typing catalog cards) had largely been eliminated by the computer. Many deprofessionalizing trends were evident, however. Even in those departments that suffered little or no attrition in the number of professional positions, it was clear that the role and career expectations of the cataloguer had greatly diminished. At Stanford, for instance, no new cataloger had been hired for seven years. At San Jose, the last original cataloger had been hired in 1980 and overall the department had suffered a one-third cut in personnel during the past decade. At San Francisco State, the last cataloger had been hired more than 10 years ago; at Sonoma State, over 15 years ago. At Berkeley and the University of Washington, which both have huge libraries, there had been some recent hirings, but for very specialized areas. The overall number of catalogers had declined. More important than the numbers count was the almost

unanimous view expressed by the catalogers that their status in their specific institutions, and in the library profession in general, was in a process of drastic decline."¹

What are the factors that have contributed to this pessimistic view? Since the introduction of shared or network cataloguing, library assistants have become responsible for producing the bulk of cataloguing. The cataloguing copy that is located during data base searches is for the most current and "in demand" books and other library materials. This is the type of item most quickly processed by the Library of Congress (LC), and most libraries accept LC cataloguing with little or no revision. If Library of Congress has not catalogued the item, then some other large research library participating in a bibliographic utility or network will have done so. What this means is that current English language materials that are easy to catalogue and/or important, or in great demand, will quickly receive some form of cataloguing. Such copy can be processed by library assistants in a fairly routine manner. Approximately 80-90% of current important English language material is processed by library assistants.

Because the remaining 10% of the total current acquisitions is "low profile" material, the cataloguers' self-esteem, as well as the esteem with which they are held within an individual institution is affected. Despite the fact that such material often requires specialized language skills and in-depth subject knowledge in order to provide adequate cataloguing so that the materials become usable, cataloguers are still seen to be working on left-

overs - "the dregs" as the Stanford cataloguers have nicknamed this category of material.

In addition, instead of working or specializing in language or subject areas, the original cataloguer now has to work in several subject areas because there are not enough items that require original cataloguing in most disciplines to provide for subject specialization. As a result, the professional loses mastery over the literature in a given area. This loss of control and knowledge slow the cataloguer, and it becomes extremely stressful as cataloguers must then exert extra effort to provide correct subject analysis and still maintain production statistics. As an example of this trend, at the University of Western Ontario (UWO), the original cataloguer assigned to catalogue science materials, including health sciences, has the responsibility for original cataloguing in approximately 30 subject areas starting with anaesthesia, anatomy, biochemistry, biophysics, botany, clinical neurological sciences, communicative disorders, dentistry, diagnostic radiology & nuclear medicine, nursing, obstetrics & gynaecology and so on alphabetically through to zoology! For comparison, there are six collections librarians to select and manage the collections development of the same areas.

Finally, we have in general the lack of esteem in which library peer groups and administrators hold cataloguers. On the one hand public service librarians cry that cataloguers are not providing a catalogue that serves user needs. The criticism seems to be that cataloguers are more interested in applying rules pedantically and not interested in doing what is best

for the user, or for their peers in public services. On the other hand the library administrators press for speed and production, so that less time can be spent tailoring the catalogue to local needs. The cataloguer is caught in the middle!

ARE CATALOGUERS ZEALOTS?

Many cataloguers look on this current trend as being one of deprofessionalization, because much of the traditional cataloguing work either has been or will be performed increasingly by library assistants. I do not happen to believe that the enhanced status of library assistants means the deprofessionalization of cataloguing. In fact I believe that it has done the opposite. Heaven forbid that we should return to the days of the painfully slow, hand transcribing of every last full stop and comma to cataloguing worksheets for others to input. In fact, at UWO we have probably gone one step further than most libraries in that we have the library assistants set up the cataloguing record for all books. They provide all of the bibliographical description plus name and title access points. The items are then routed to the professional cataloguer who reviews the record to ensure the access points are in accordance with the rules and/or local cataloguing policy, in addition to providing subject analysis - that is the classification number and subject headings. Unfortunately this 'enhanced' knowledge level of cataloguing with its emphasis on subject and language as opposed to technical expertise does not seem to have been sufficient to reinstate cataloguing status, partially for the reasons I indicated previously - cataloguers have become generalists in their own specialty!

Hafter's conclusions from her study would also appear to hold little comfort for the cataloguer. She suggests that administrators appear to be moving toward a cataloguing standard stressing flexibility, utility, and economy, primarily because of the fact that user behaviour now can be observed on the computer terminal. There is pressure for library administrators to redefine quality control as response to patron needs rather than adherence to cataloguing codes which appear to produce overly detailed records containing information that users apparently do not require. At the same time Hafter maintains that a new breed of 'master cataloguer' has evolved as a result of the development of shared or network cataloguing. These master cataloguers continue to promote the need for standards, especially the adherence to the internationally accepted cataloguing code. She sees these two groups at odds with each other:

"Whether in fact they (library administrators) will be successful against the idealism and tenacity that cataloguers devote to perpetuating their codes, or against the organizational and technical expertise of network personnel, is still very much in question, and I personally doubt that they will prevail. History, after all, records far more victories for the zealot than the systems analyst or the cost accountant. Moreover, despite the fact that cataloguing standards and rules have been much maligned, the weight of evidence supports cataloguers' assertions that it is their expertise, their esoteric body of knowledge, that is responsible for patron success in locating materials in both card and online catalogues. Numerous studies have validated this conclusion."²

I am extremely perturbed by such statements as they appear to put administrators and cataloguers into armed camps opposite each other. I certainly do not consider myself a "zealot" who pedantically follows rule/code application before consideration of the public for whom we provide the service. In fact I know of no cataloguers who are "zealots" in that sense. All feel they are assisting, not hindering the user. If, however, cataloguers are isolated from their public service peers, and from the public whom they serve, then it is no wonder that the results do not reflect user needs, because the only guidance left to the cataloguer is the theoretical rather than the practical. Without direct access to users, or to public service peers in working situations, the details of what works and what does not work at the practical level are not relayed to the cataloguer. Department heads are more concerned with administrative issues, and the daily working details are often bypassed or lost in higher level administrative communications channels. As a result the cataloguer becomes more and more isolated from the users of the catalogue - the whole basis and rationale for the existence of the catalogue.

Having taken many years of hard work and effort to devise standardized cataloguing and coding principles which, once mastered, are relatively easy to apply and which do provide a consistency in our catalogues, why discard them simply because, at present, the user does not utilize all the details within the records? If we had the computing capability, a catalogue user would be able to obtain, for example, a bibliography of French language materials (which also contain bibliographies) published

in Ontario between the years of 1980 and 1985. What a help such a service would be to the bibliographer! All such information is coded into our catalogue records for that future time when the technology catches up with our old fashioned standardized records! In addition, if we had the system capabilities, cataloguers could leave out of the record all those details which have been considered excessive: e.g. notes regarding bibliographies, indexes, conference proceedings, etc. as the information is already coded for computer manipulation elsewhere in the record. In fact I further suggest that any application of cataloguing and coding principles today must be made in relation to a catalogue system's capabilities. For example, if Boolean search is available for the patron, then many separate index/access points are no longer necessary in the catalogue record.

SUGGESTIONS FOR THE FUTURE

Hopefully, Hafter's zealots will become a little more flexible, and library administrators will think twice before throwing standards to the four winds. However, it is obvious that there will be no return to "the good old days" of the cataloguing professional. In a climate of budgetary restraint, standardized cataloguing will remain, and in view of the increased emphasis on shared cataloguing, the amount of original cataloguing may well decrease further. Will professional cataloguers survive or is there danger that they too will become extinct as did the dinosaur? Perhaps 'extinct' may be too strong a word, as it will be necessary to have cataloguers at the national library level, or in the large research and public libraries- someone is going to have to do the

cataloguing! And I too would like to keep my job supervising library assistants - I quite like telling them what to do! However, at the local level I do see major problems in the future. How do we attract professionals into a 'dying' area? At some time in the future when our experienced cataloguers retire, who will be sufficiently well trained to take their place? I personally would like to see some evolution or adaptation take place, so that we are prepared for that eventuality.

If library administrators, public service professionals, and cataloguers all wish to provide a genuine public service, then the best course of action would appear to be to spread the responsibility and to utilize all professional staff across all functions. In small libraries, the professional has long been the collections, reference and cataloguing specialist "all in one" - the concept is neither new nor radical. At the large research library level, at least one library has demonstrated success in this area. The University of Illinois at Urbana-Champaign Library decentralized the original cataloguing process over a 4 year period from 1982 to 1985. The decentralization called for the dispersal of professional staff and activities from two general service units - Original Cataloguing and Collection Development/Preservation - into several Departmental Library Services where public service personnel were trained to perform original cataloguing and collections functions, and vice versa.³ Obviously such a major change did produce its own problems. To me at least it is a more logical use of professional staff resources, which I suggest has several benefits:

First: We would be able to supply better subject analysis for materials catalogued locally. With nothing more than my common sense as justification, I suggest that by having five subject specialists providing subject analysis for items previously catalogued by one cataloguer, there must be a better quality product. Second: Although it is necessary to accept the standardized product of shared or network cataloguing, more changes could be made to accommodate local patron needs, provided the workload was shared among several professionals. Third: Working with peer group professionals with a variety of expertise, allows for what I call cross-fertilization of ideas. There would be a much better understanding of what local user needs should, or could be accommodated in local cataloguing policies. And there certainly would be much greater agreement concerning priority setting. Fourth: Decentralization would promote job responsibility/satisfaction. The professional who selects an item would become responsible for ensuring that item is accessible in the best possible manner. There would no longer be a cataloguer who could be blamed for losing an item in a collection because it was inappropriately classified or indexed.

Obviously change will not come easily. Perhaps the best place is to begin in the library schools. I'm not convinced that advanced cataloguing courses are necessarily in the best interests of the profession as a whole if students view cataloguing as a dead end job. I suspect that all of the traditional functions will have to become integrated or intertwined much further into the courses designed to teach the technological aspects of information retrieval, i.e. in the

systems and computer courses. In the workplace, whether or not there should be a wholesale decentralization programme as at Urbana-Champaign, or whether a more gradual integration is preferred will probably depend greatly on the attitudes and flexibility of the professionals and administrators in an individual institution. Being the eternal optimist, I believe it can be done in a constructive, cooperative manner that will bring benefits to everyone.

One current theory concerning dinosaurs is that they became extinct as a result of some cataclysmic event. To date, cataloguers are still surviving and it is to be hoped that no such event will bring about their demise. While there is life there is still hope for evolution!

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GRATEFUL MED: SEARCHING SIMPLIFIED FOR THE CLINICIAN AND LIBRARIAN

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Ann Augustine McKibbin

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Since its release in early 1986 GRATEFUL MED and its succeeding versions have been reviewed for their virtues and limitations in both the medical and library literature.¹⁻⁴ We would like to describe the improvements and changes to version 3.0, relate our experiences in teaching clinicians how to use GRATEFUL MED, and discuss its potential role in the small library.

GRATEFUL MED is a single purpose package designed for clinicians to easily and efficiently access the MEDLINE and CATLINE databases and (with version 3.0) the other MEDLINE databases including AVLINE, CANCERLIT, CHEMLINE, DIRLINE, HEALTH, TOXLINE, TOXLIT, and TOXLIT65. Search strategy is formulated offline on a database specific form screen with built in MeSH (Medical Subject Headings) available at the touch of a keystroke, and automatic reformatting of other input to the specifications

required by the search software. Thus spelling errors and clumsy typing skills do not affect the actual cost of searching. Telecommunications are part of the package; GRATEFUL MED signs on, downloads the retrieved references and signs off. The user can then send all or only the citations he or she wishes to printer or disk. Searches can be edited for running again if needed and searching the backfiles is easy and quick.

Equipment requirements for GRATEFUL MED include an IBM or compatible computer with either a hard disk or a 2 floppy disk system. For telecommunications a Hayes or Hayes compatible internal or external modem is needed. GRATEFUL MED will run at 300, 1200, or 2400 baud. A regular telephone line with a standard jack in either pulse or tone is sufficient. A fairly fast dot matrix or inkjet printer is recommended.

TEACHING HEALTH PROFESSIONALS

Interest in end-user online searching is spreading quickly in the medical world. At McMaster, in conjunction with the staff of the Health Sciences Library, we have trained over 300 health care professionals to do their own MEDLINE searching. The majority of users are from the McMaster community but we have had participants in our classes from outside Hamilton including Napanee, North Bay, Sioux Lookout, and Thunder Bay. We have even had interested people from Newfoundland ask about our classes.

We began teaching MEDLINE searching three years ago using NLM direct searching (native) mode, finding this route less expensive than some of the more user-friendly packages and services.^{5,6} We now teach strictly with GRATEFUL MED, having found that clinicians can learn to perform successful searches after two hours of class time in a group of ten or so people plus one hour of 'one-on-one'. During 'one-on-one' sessions, a user searches with one of us in attendance should he or she require assistance.

The content of our teaching sessions is mostly practical. We explain the history of MEDLINE and Index Medicus, their size and coverage; then concentrate on the unit record and the concepts of Boolean logic and indexing policy and procedures. We also mention exploding and limiting but find that participants gain a better understanding of these concepts during their 'one-on-one' session. Subheadings are searched 'bald' when using GRATEFUL MED so we do not discuss subheadings in the context of their allowable cate-

gories unless we are asked about them. This portion of the course takes about twenty minutes and the rest of the time is spent searching. We perform the first few searches explaining all the steps and the class members search their own questions for the rest of the class period. We use a Zenith laptop computer connected to a Sayette projection panel which projects the computer screen on to the wall so that all class participants can easily see the computer interaction.

In addition to hands-on searching and printed material with searching tips, we offer copies of GRATEFUL MED for sale to participants at cost to save them the time of ordering it individually from NTIS. The staff of the Health Science Resource Centre (HSRC) at the Canada Institute for Scientific and Technical Information (CISTI) also supplies password application packages which we distribute to those users eager to get started on their own.

Not everyone who attends the online searching course goes on to do his or her own searching. Those who do not have at least learned how to pose better formulated search questions for the librarians who run their searches. Of those who do obtain passwords some come back (or go to HSRC) to learn the finer points of MEDLINE searching both with GRATEFUL MED and with the NLM direct system, and some go on to access other databases.

A few of the recurring problems encountered by beginner searchers include use of the MeSH screen, exploding and the subheading 'therapy'. Searchers often type in 'treatment' on the form screen instead of choosing 'therapy',

'diet therapy', or 'drug therapy' from the MeSH screen. The National Library of Medicine is considering mapping the word 'treatment' to all of the therapy subheadings so that 'treatment' will not be searched on solely as a textword. Beginners tend to forget to use the F10 key for finding MeSH terms. If they type in a compound word on a subject line of the form screen, GRATEFUL MED "OR's" the words together. New searchers also have trouble with exploding. GRATEFUL MED permits exploding from the MeSH screen but does not indicate which terms are explodable or where they fit in the tree structures rendering the concept even more difficult to grasp. However, exploding, subheadings and searching for starred (*) MeSH terms are all explained in the help screens.

We feel that our course is a bargain at \$40 per person for the two sessions. HSRC often provides passwords for the large group sessions. We are greatly impressed with the enthusiasm of the participants, which renders our course extremely satisfying to run.

GRATEFUL MED IN THE SMALL LIBRARY

As well as being an effective online training package, we feel that GRATEFUL MED can also be useful in the smaller health sciences libraries for both librarians and clinicians. The librarians will appreciate GRATEFUL MED's simple installation process; no need to worry about stop bits, data bits, or parity checks. The program even corrects the files if you have told the program that the modem is in the wrong COM port. All one needs to know is the Datapac telephone number (usually in the telephone book and sent from CISTI) and the userid/password from CISTI.

The sign on procedure is the 'weak link' in the program. It often fails to sign on when requested and then refuses to reset the modem. NLM knows there is a problem signing on, but has not been able to make the sign on more reliable. Hopefully new versions of GRATEFUL MED will rectify this problem. In addition to the problem of signing on, the package is limited to searching only the NLM databases. Another software package is needed to search other non-NLM databases through Dialog, BRS and other companies, or to use electronic mail or bulletin board services.

Although the form screen is useful for beginner or occasional searchers, librarians will find it less precise than interactive searching. The built-in MeSH is alphabetical and indicates cross references but gives no tree structure information, making the 'explode' capability somewhat of a guessing game. Experienced librarian searchers can bypass the form screen to search NLM directly, and still partake of GRATEFUL MED's downloading and reformatting features.

GRATEFUL MED also incorporates one of the least expensive telecommunications packages on the market. Every searcher needs such a package to get the modem to work, and at \$40 this one is far less expensive than other general purpose telecommunications packages such as CrossTalk Mk4 or single purpose searching packages such as MedBase.²

Another benefit to the library is GRATEFUL MED's sign on capability which can be set to ask for a searcher's userid/password. Thus a small library with limited hours of service but a large number of

search requests (or searchers) can provide a do-it-yourself searching service and not need to worry about the billing. Interested users would obtain their own passwords from CISTI and would therefore be responsible for their own searching charges.

CONCLUSION

We encourage librarians to offer online searching training with GRATEFUL MED to interested health professionals. Our classes have been easy and rewarding to run. To us it is a natural (and necessary) progression for librarians to move into more of a training and consultative role in online searching. Librarians can then take on more of the difficult questions or multiple database searching while at the same time encouraging interested clinicians and other health professionals to do their own simple everyday searching. The librarian who is swamped with search requests might find a great deal of interest (and personal satisfaction) from his or her library users for a short do-it-yourself MEDLINE course.

(Training material available on request from the authors, at the McMaster University Health Information Research Unit, Room 3N51, 1200 Main Street West, Hamilton Ontario L8N 3Z5.)

The authors thank the librarians of the McMaster Health Science Library, and the National Library of Medicine (USA) and the Rockefeller Foundation for grant support.

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A HEALTH LIBRARY IN NORTHERN ALBERTA: THE LEARNING RESOURCES CENTRE

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Fort McMurray, Alberta

The Fort McMurray Regional Hospital Learning Resources Centre may not be typical of health libraries in other remote locations. It is equipped to provide a wide variety of services and resources directly or indirectly to its users. It also serves a wider range of user groups than many other health libraries. The hospital and its Learning Resources Centre recognize and support the importance of continuing education for staff and physicians.

BACKGROUND INFORMATION

Fort McMurray, with a population of about 33,000 people, is located 435 kilometres northeast of Edmonton. The city's main industry is oil sands extraction. Its only hospital, Fort McMurray Regional, serves the city as well as the surrounding area. Currently at 150 beds, it is constructed to permit expansion to 300 beds.

The Hospital's Learning Resources Centre (LRC) serves a diverse clientele. User groups include physicians (33 full-time, as well as occasional locums and visiting specialists who hold clinics in the Outpatient Services area); hospital staff (450), volunteers and auxiliaries; nursing students (44) and instructors (10) from the local community college two-year program;

allied health groups (firehall-based paramedics, local Health Unit staff, occupational health and safety officers from the oil sands plants); and LRC liaisons with other libraries locally and beyond.

The LRC is run by one full-time librarian (B.A., M.L.S.), who is the LRC Coordinator. The LRC Coordinator reports to the Manager of Patient Documentation who in turn reports to the Vice-President, Paramedical Services. As well, the Coordinator is a sitting, voting member on both the LRC Advisory Committee and the Education (Nursing) Committee. Occasional volunteer or high school work experience assistance is provided to the LRC. A PEP (Priority Employment Program) person was placed in the LRC from November through April of the current year; this allowed the Coordinator to complete a number of outstanding projects.

Currently, the LRC is in the process of relocating from quarters of 79.89 square metres (860 square feet) to 123.55 square metres (1330 square feet) -- an increase in area of 55%.

THE LRC COLLECTION

The collection is an integrated one (medical / nursing / allied health

/ general hospital), which is classified by the National Library of Medicine system. It consists of over 2,600 volumes (some texts are kept in satellite deposit collections); 150 journal subscriptions with five years of backfiles; reprints of pertinent provincial/federal legislation; a small audiovisual materials collection, which is gradually becoming integrated with the books; and a series of vertical files. The collection is developed through a materials budget of \$18,200 (1988-1989 projection), of which \$14,200 is allocated for subscriptions and \$4,000 for books. Due to provincial restraint policies in health care, there will probably be no significant funding increase to support collection development in the current year. This has been the case for the past two years.

SERVICE FEATURES

In addition to "traditional" library functions, the LRC provides three additional services. First, bookings for both hospital conference room space and audiovisual equipment are centralized through the LRC. Second, the Coordinator serves as the site facilitator for three teleconferencing networks (Alberta Hospital Association and the Universities of Alberta and Calgary Continuing Medical Education) which together provide between five and twelve hours per week of programming for nine to ten months of the year. Third, an in-house computer training centre is being developed in the LRC, using both CAI modules and training modes of records on the hospital's main-frame system.

Given the restrictions in funding, staffing and physical premises, the LRC uses a number of re-

sources to optimize service for its users. The Coordinator accesses the MEDLARS databases (ie. MEDLINE, CATLINE, and AVLINE) through CISTI and performs searches on request. As well, the Hospital acts as a regional MEDLARS centre. An average of twelve requests are received per month, not all of which require MEDLARS searches. Abridged Index Medicus (AIM) in paper copy is maintained as a backup and to permit users to search on their own.

As Fort McMurray's collection of materials cannot possibly meet all of its users' needs, the LRC makes steady use of interlibrary loan services (100-120 requests per month) for materials in all forms. These requests are made by mail or by telephone. Electronic mail is not yet available in the hospital, but would be an appropriate means of transmitting such requests. All charges for materials or shipping are absorbed by the LRC for its users. Fort McMurray also maintains a policy of reciprocity (i.e. it does not charge if it is not charged by an institution). Requests are sent across Canada or to the National Library of Medicine, depending on such factors as geographical proximity and location of the requested item.

With the significant costs of audiovisual presentations, items which are needed infrequently and which are not in the LRC's collection are borrowed from other institutions, as the costs of borrowing are far less than outright purchase. The local community college with its nursing program has developed its materials in nursing so the LRC has less need to have a comprehensive nursing collection. The two collections attempt to complement each other, overlapping

mainly for core items.

Although the librarian relies primarily on the series of Brandon and Hill lists for collection development, interlibrary loans also help in this area. Non-list items are often borrowed from other libraries, or, in the case of journals, reprints of contents pages are obtained for evaluation.

To facilitate communication between the hospital and other centres, the hospital maintains a direct telephone line to Edmonton. It has access to the WATS (Wide Area Telephone Service) telephone network. Telefacsimile equipment has just been installed and the addition of electronic mail through ENVOY is presently being investigated. These measures greatly reduce the problems inherent in a geographic location such as Fort McMurray's, as communication with other centres is allowed without the costs of such interaction becoming an overriding issue.

Contact with other librarians and libraries is maintained in a number of ways. There is intra-city co-operation among local libraries and librarians, including an informal association. The LRC Coordinator maintains memberships in a range of associations to keep up with current trends and issues, as well as to maintain contact with other health librarians. These include the Canadian Health Libraries Association and its Northern Alberta chapter; the Medical Library

Association, its Pacific Northwest Chapter and Hospital Libraries Section; the Canadian Library Association; and the Library Association of Alberta. The Coordinator visits as many health and hospital libraries as possible. For reasons of distance and convenience, these site visits are scheduled in with other business trips, in particular with trips to Edmonton for teleconferencing site facilitator duties. Site visits are a valuable means by which both parties can exchange ideas, advice and services, and once such contact is made, further interactions are more meaningful.

IN CLOSING

Despite what appears to be a significant geographical barrier, the Fort McMurray Regional Hospital LRC services to its users are more complete than might be expected. The main barrier faced is the time required to request and receive from other libraries materials not held in the LRC. Second, the funding crunch which affects all health care services in the province severely limits acquisitions of materials and increases the priority given to interlibrary loan services. Third, there is an element of professional isolation from other health librarians working in Fort McMurray. This is greatly reduced by reading the professional literature and by contact with colleagues whenever and however possible. As a "one-person" library, with ancillary duties, there is never a dull moment!

NEWS AND NOTES

FRANCES GROEN NEW MLA PRESIDENT-ELECT

Frances Groen, Life Sciences Area Librarian at McGill University has recently been elected as President of the Medical Library Association for 1989/90. The Medical Library Association, which has over 5,000 members, is based in Chicago. This is the first time that a Canadian has been elected to this prestigious office since 1935/37 when another McGill librarian, Dr. W. W. Francis of the Osler Library, was President of the Association.

It is of interest to note that, since the association was founded in 1898, there have been three previous Canadian Presidents, Sir William Osler, Dr. C.F. Wylde, and Dr. W. W. Francis. All three, the Association's founding Secretary, Margaret Charlton, and its only Honorary President, Dr. F. J. Shepherd, have come from McGill University.

CANADIAN ASSOCIATION OF THE HISTORY OF NURSING IN CANADA (CAHN)

The first meeting of CAHN was held on June 8, 1987 in the Jean I. Gunn Memorial Library, Faculty of Nursing Building, University of Toronto. Co-founders of this Association are Dr. Margaret Allemang and Dr. Barbara Keddy; the group has 28 charter members. The Association will hold the first Canadian Nursing History Conference on the evening of June 15, and all day June 16 at the Prince Edward Hotel in Charlottetown P.E.I. Dr. Monica Baly, author of *Florence Nightingale and the Nursing Legacy*, will be keynote speaker.

Regular membership in the Association is \$35 (Can). To enroll, or for further information, please contact:

Jean Sillars, Treasurer CAHN
12 George Street
Campbellton, New Brunswick
E3N 2Z7

REMINDER - CHLA/ABSC 10TH ANNIVERSARY AWARD

This award of \$500 to CHLA/ABSC Chapters is offered to further the mission of CHLA/ABSC. This is a reminder to Chapters that, to receive consideration, nominations for this year's 10th Anniversary Award must be submitted before the June 11 meeting of the CHLA/ABSC Board, preferably as far in advance as possible. Information and rules governing the award can be found in BMC 8(3):114-115. For further information please contact the President or any other member of the CHLA Executive.

PEOPLE ON THE MOVE

BETTY BISHOP, former Director of the Health Sciences Library, Grey-Bruce Regional Health Centre, has left the field of health sciences librarianship. While at Grey-Bruce, Betty also served as President of the Central Ontario Health Libraries Association. Her successor in that position is JEAN CORNETT.

KATHY DEGUNS, who is new to the health libraries field, has been the librarian at Hogarth-Westmount Hospital in Thunder Bay since February 1988.

SUSAN HIGGINS, formerly at the Health Promotion Branch of Health and Welfare Canada, is now Librarian at the new Federal Centre for AIDS Library, 301 Elgin St., Ottawa K1A 0L2.

COLIN HOARE was appointed Corporate Information Officer of Hoffmann-LaRoche Limited in the fall of 1987, in addition to his current position of Head of Scientific Information.

HELEN HYVARINEN is the new library technician at Lakehead Psychiatric Hospital in Thunder Bay, Ontario.

LARRY LEWIS, Librarian of the Sciences Library at the University of Western Ontario, will be resigning his position effective the end of June, 1988. Larry is leaving the health sciences field after eleven years as UWO's Sciences Librarian. His many friends and colleagues wish him well in his future endeavours.

Appointed last September, the library technician at McKellar General Hospital is CAROL SCHMALTZ. Carol is also president of CHLA's new chapter, the Northwestern Ontario Health Libraries Association.

MARGARET TAYLOR has resigned from her position at the Children's Hospital of Eastern Ontario in Ottawa, effective May 13, 1988. As of July 1988, she will be completing her PhD at FLIS; acting as Librarian /Researcher at the Continuing Education Office, Faculty of Medicine, University of Toronto; and teaching the Collections Development course at FLIS.

ANNE WALKER, who is currently on leave of absence in Holland, has announced her resignation from the position of Collections/ Online /Reference Librarian at the University of Western Ontario's Sciences Library.

IN MEMORIAM

LAURENT-G. DENIS

Laurent-G. Denis, professor at the Faculty of Library and Information Science, University of Toronto, died in Toronto on December 11 following a brief illness. Professor Denis will be sorely missed by his colleagues, students and former students and by his many friends within and outside the library profession.

After receiving his BA from Loyola College, Professor Denis obtained his BLS and MLS from McGill University. His first professional position was with The National Library of Canada, followed by four years with the Collège Militaire de Saint-Jean. In 1960 he became the first director of the Ecole de bibliothéconomie et des sciences de l'information of the Université de Montréal, a post he held until 1970. In 1986 he was presented with the Université's Medal of Merit in recognition of his services to the Université and the library community.

In 1970, after receiving his PhD in library science from Rutgers University, he joined the University of Toronto's Faculty of Library and Information Science as professor. From then until his death Professor Denis played an active role teaching, writing, researching and consulting. His fields were library administration and special libraries. For the past several years he also organized the Faculty's highly successful Continuing Education program.

Professor Denis was a gregarious man with a great zest for living. His talent for organization, his sound judgement and the generosity with which he offered his time and energy will make him sadly missed by all who worked with him at FLIS and by his colleagues in the many professional associations in which he played an active role.

In his honour The Laurent-G. Denis Scholarship has been established. Donors may send contributions, payable to the University of Toronto, to Dean Ann H. Schabas, Faculty of Library and Information Science, University of Toronto, 140 St. George St. Toronto, Ontario, M5S 1A1. Receipts for income tax purposes will be sent to all donors.

FROM THE HEALTH SCIENCES RESOURCE CENTRE

Maureen Wong

Head, Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
Ottawa, Ontario

STAFF CHANGES - A NEW DIANNE

Dianne Kharouba, whom many of you have met or spoken to on the phone, has left HSRC for another position at CISTI. She is at present Head of CISTI's Sussex Branch Library. In Dianne Kharouba's place is Dianne Pammett, who returned to work in December 1987 after a 3 year leave of absence. Dianne worked in CISTI's Reference Department for 6 years prior to her leave. In 1984 she was seconded to HSRC as a maternity leave replacement for Suzanne Maranda. In addition to providing user education, Dianne is responsible for MEDLARS SDI's, reference, literature searches and collections development.

FLOWER REPORT - FRENCH TRANSLATION

As mentioned in the last issue of BMC, CISTI has assumed responsibility for the French translation of M.A. Flower's LIBRARIES WITHOUT WALLS: BLUEPRINT FOR THE FUTURE. The translation has now been completed. The printing and distribution of the translated copy will be handled by CHLA.

GRATEFUL MED

Version 3.0 of the GRATEFUL MED front end software package has now been released. Purchasers of the Version 1.0 or 2.0 will automat-

ically receive free of charge the new improved version from the U.S. National Technical Information Service (NTIS).

This new version incorporates the following enhancements:

- In addition to MEDLINE and CAT-LINE, the user-friendly interface allows access to seven more MEDLARS databases: AVLINE, CANCER-LIT, CHEMLINE, DIRLINE, HEALTH, TOXLINE, TOXLIT/TOXLIT65
- simplified installation procedures
- improved HELP screens
- improved access to INPUT screens

Contact us if you require more information on GRATEFUL MED.

NEW BIBLIOGRAPHIES

HSRC, from time to time, compiles and updates bibliographies on on-line searching (particularly MEDLINE). Our recent lists include:

- ° Personal Computers for Online Searching: a bibliography. (Revised - February 1988).
- ° GRATEFUL MED: bibliography. (New - January 1988).

We will be happy to supply upon request copies of these bibliographies. As well, suggestions for additions and improvements are welcome.

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ

Maureen Wong

Chef du Centre bibliographique des sciences de la santé
Institut canadien de l'information scientifique et technique
Ottawa, Ontario

CHANGEMENTS DE PERSONNEL: UNE NOUVELLE DIANNE

Dianne Kharouba, que vous avez pu rencontrer ou à qui vous avez peut-être parlé au téléphone, a quitté le CBSS pour un autre poste au sein de l'ICIST. Elle a été nommée chef de la bibliothèque-annexe de la promenade Sussex.

Dianne Pammett, qui est revenue au travail en décembre 1987 après trois années d'absence, occupera désormais le poste laissé vacant. La "nouvelle" Dianne a déjà travaillé au Service de référence de l'ICIST pendant six années avant son congé trois ans. En 1984, elle avait été détachée au CBSS pendant le congé de maternité de Suzanne Maranda.

En plus de s'occuper de la formation des utilisateurs, Dianne est chargée de la DSI dans le MEDLARS, de la référence, des recherches documentaires et de l'enrichissement des collections.

VERSION FRANÇAISE DU RAPPORT FLOWER

Comme mentionné dans le dernier numéro du BMC, l'ICIST a assuré la traduction en français du rapport de M.A. Flower intitulé, "BIBLIOTHEQUES SANS FRONTIERES: PROJET D'AVENIR". La traduction a maintenant été complétée. L'impression

et la diffusion du rapport en français relève de l'ABSC.

GRATEFUL MED

La version 3.0 du logiciel frontal GRATEFUL MED est maintenant disponible. Ceux qui ont déjà acheté la version 1.0 ou 2.0 recevront gratuitement la nouvelle version améliorée du National Technical Information Service (NTIS).

Cette nouvelle version comporte les améliorations suivantes:

- En plus de permettre la consultation de MEDLINE et CATLINE, cet interface facile à utiliser permet d'accéder à sept autres bases de données du MEDLARS: AVLINE, CANCERLIT, CHEMLINE, DIRLINE, HEALTH, TOXLINE, TOXLIT /TOXLIT65
- des procédures d'installation simplifiées
- de meilleurs écrans HELP
- un meilleur accès aux écrans INPUT

Communiquez avec nous si vous avez besoin de plus amples informations sur le logiciel GRATEFUL MED.

NOUVELLES BIBLIOGRAPHIES

Il arrive que le CBSS compile et met à jour les bibliographies sur la recherche en direct (particulièrement MEDLINE). Notre dernière liste comporte les ajouts suivants:

- ° Personal Computers for Online Searching: a bibliography.
(révisée, en février 1988).
- ° GRATEFUL MED: bibliography.
(nouvelle, janvier 1988).

Il nous fera plaisir de vous fournir, sur demande, des copies de ces bibliographies. En outre, les suggestions d'ajouts et d'améliorations sont bien accueillies.

MEETINGS/WORKSHOPS

CHLA/ABSC 12th ANNUAL MEETING

Location: The Citadel Halifax, Halifax N.S.
June 11-15, 1988

The keynote address will be "Scientific Medicine - Success or Failure?", presented by Dr. David Horrobin. The program includes sessions on the Integrated Academic Information Management System (IAIMS), Workload Measurements Project, hospital library standards, "Libraries without Walls" (Flower Report), and technology and CISTI updates; as well as continuing education opportunities and exhibits.

A welcoming reception will be held on the "Harbour Queen" as it cruises Halifax Harbour.

The all-inclusive conference registration fee is \$90 (Can) for CHLA members; \$110 (Can) for non-members. Registration deadline is May 15.

For further information, contact:

Linda Harvey, Conference Secretary
W.K. Kellogg Health Sciences Library
Sir Charles Tupper Medical Building
Dalhousie University
Halifax, Nova Scotia
Canada B3H 4H7

TEL: (902) 424-2483

CE 17 DEVELOPING IN-HOUSE DATABASES

Location: Salon 5, The Citadel Halifax, Halifax N.S.
Sunday June 12, 1988: 9:00 - 5:00

Instructor: Jane Beaumont, Library and Information Systems Consultant

This workshop will address the steps to be taken in developing an in-house text or bibliographic database. Topics to be discussed include: needs assessment, selecting software and hardware, design of the record structure and access points, implementation, conversion of existing records and ongoing management of the system. Some existing microcomputer packages will be discussed and there will be an opportunity to participate in a case study.

Target: Academic; Large Hospital; Special Library

Course Fee: CHLA Member - \$90.00 (Can), Non-member - \$110.00 (Can)

CE 18 PUT IT IN WRITING: WRITING SKILLS FOR MANAGERS

Location: Salon 6, The Citadel Halifax, Halifax N.S.

Sunday June 12, 1988: 9:00 - 5:00

Instructor: Eileen Pease, President of Dynamic Learning, a company devoted to enhancing personal skills and growth in reading, writing and thinking.

Nearly everyone in the workplace is required to communicate with written words. This workshop will show you how to turn your all-purpose writing skills into specific and targeted precision tools that will help you to be understood and appreciated. Business writing is a discipline that demands that you get to the point immediately and directly. You will be taught to organize your thoughts so that your communications will assume a logical and well thought out appearance. Good writing skills will help you impress your readers, and generate support and acceptance for your ideas and projects.

Target: All

Course Fee: CHLA Member - \$90.00 (Can), Non-member - \$110.00 (Can)

CE 459 ONLINE BIOCHEMICAL SEARCHING IN THE HEALTH SCIENCES

Location: Salon 5, The Citadel Halifax, Halifax N.S.

Wednesday June 15, 1988: 9:00 - 5:00

Instructor: Bonnie Snow, Biomedical Information Specialist, Dialog Information Services

An introduction to online searching on biochemical topics; intended for individuals with experience on MEDLARS and other vendor systems.

- understanding biochemical nomenclature & terminology
- analyzing biochemical reference questions
- formulating search strategies
- comparing the databases

Target: Academic; Special; Large Hospital Library

Course Fee: CHLA Member - \$ 90.00, Non-member - \$110.00

CE 19 TRAINING YOUR STAFF

Location: Salon 6, The Citadel Halifax, Halifax N.S.

Wednesday June 15, 9:00 - 12:00 *

Instructor: Peggy Kenney, Staff Education Director,
Saint John Regional Hospital

The objective of training is to bring about change - the increase in knowledge, acquisition of a skill or the development of confidence and good judgement. At some point every professional will have to tackle the training or orientation of staff members. This practical workshop will help you deal with any individual or group you must train: professionals, non-professionals, volunteers. It will also help you to identify training problems that currently exist and differentiate them from the discipline problems they appear to be.

Target: All

Course Fee: CHLA Member - \$ 45.00, Non-member - \$ 55.00

* If registration warrants, this course will be repeated in the afternoon session.

HEALTH SCIENCES RESOURCE CENTRE EDUCATION PROGRAMS

Location: Halifax, N.S.

June 16 - 18, 1988

The Health Sciences Resource Centre will be offering a series of programs in Halifax, following the annual conference of the Canadian Health Libraries Association. The program schedule currently stands as:

16 June 1988: Advanced Medline

17 June 1988: End User Searching

18 June 1988: End User Searching

For more details on the workshops and registration information, contact:

Mary-lou Veeken
Health Sciences Resource Centre, NRC
Montreal Rd., Ottawa, Ont.
K1A 0S2

(613) 993-1604
ENVOY: CISTI.HSRC

CANADIAN LIBRARY ASSOCIATION CONFERENCE

Location: World Trade and Convention Centre, Halifax, N.S.
June 16-20, 1988

Preparations are well underway to host the 1988 CLA Conference at Halifax. A Conference Planning Committee, convened by Joan Brown-Hicks, Co-ordinator, Community Services, Halifax City Regional Library, has been meeting since February 1987.

The theme of the Conference is "Libraries in the Information Marketplace". Dr. William Converse, President of CLA has introduced the theme with a view to exploring the state of the 'information marketplace' which will focus on:

Is there a conflict between libraries' free public service and the marketing of information for profit?

Are bibliographic utilities and online commercial databases replacing librarians?

If the Information Marketplace assumes a profit motive, what will be the impact on society's economically and educationally disadvantaged?

Are more efficient, instant access methods establishing standards which traditional libraries cannot measure up to?

How can we run more efficient libraries and continue to make libraries a vital part of Canadian culture?

Can libraries survive free trade in the Information Marketplace?

The conference site will be the World Trade and Convention Centre, one of the newest and most distinctive landmarks in the heart of downtown Halifax. The Convention Centre offers world class facilities for the delegates, and is connected by an underground walkway to Prince George Hotel, the designated Conference hotel. It is conveniently located and is close to many hotels, shops, restaurants, lounges, bars and other entertainment facilities.

For registration and further information contact:

Canadian Library Association Headquarters
200 Elgin Street, Suite, 602
Ottawa, Ontario. K2P 1L5
Tel: (613) 232-9625
ENVOY: CLAHQ

MEDICAL LIBRARY ASSOCIATION 88TH ANNUAL MEETING

Location: New Orleans, Louisiana
May 21 - 26, 1988

The first plenary session features presenters debating the economic and intellectual value of information in terms of the strategic management of libraries. The second plenary session will look at changes in the library and its environment with an eye towards management implications.

Sharing Sessions and Expo '88 demonstrations further expand the practical relevance of the meeting by highlighting new roles, directions, and trends in health information science. A huge Exhibit will show new products and services for practicing professionals in health information science.

Opportunities for continuing education include five new and revised CE courses: Planning Library Facilities, Marketing Library Services, Introduction to Financial Management, Information Sources in Clinical Medicine, and Health Professionals and Information. Examples of two of the offerings in the New Perspectives Seminar Series are Expert Systems Design and Information Resources in Gerontology and Geriatric Medicine.

The social events draw on the unique ambiance of the host city, New Orleans. The Headquarters Hotel (the Sheraton) borders New Orleans' most famous district, the French Quarter.

Inclusive conference fees are \$200 (U.S.) for regular/institutional members, \$295 (U.S.) for non-members.

For further information: Medical Library Association
919 N. Michigan Avenue, Suite 3208
Chicago IL 60611

SPECIAL LIBRARIES ASSOCIATION 79TH ANNUAL CONFERENCE

Location: Denver, Colorado
June 11-16, 1988

The conference theme is "Expanding Horizons: Strategies for Information Managers". Keynote speakers are Michael Annison, who will discuss the impact of future trends on the library/information profession, and Roger von Oech, one of the top "gurus" in creativity today. The Professional Development Section will offer a diverse program of continuing education courses. Offerings for experienced information professionals include "Artificial Intelligence: Concepts, Principles, and Applications", "Competitor Intelligence and the Corporate Librarian", as well as two Middle Management Institute offerings.

For more information: Special Libraries Association
1700 Eighteenth Street N.W.
Washington D.C. 20009
Tel.: (202) 234-4700

WHMIS CLASSIFICATION/CANADIAN CENTRE FOR OCCUPATIONAL HEALTH AND SAFETY

Location: Hamilton Convention Centre, 115 King St. West, Hamilton

May 17, 1988

The system to classify hazardous materials for the Workplace Hazardous Materials Information System (WHMIS) will be examined in a workshop held by CCOHS. The workshop will:

- Review classification processes
- Upgrade skills needed for WHMIS implementation
- Discuss sources of information and access to information
- Discuss ways to achieve consistency in classification

Two sample materials will be classified and different approaches and findings discussed by an expert panel. The participant fee is \$150. To register, contact:

Committee Secretariat,
Canadian Centre for Occupational Health and Safety,
250 Main Street East, Hamilton ON L8N 1H6

Tel.: (416) 572-2981 ext. 279 or 287/ toll free 1-800-263-8276

UNYOC '88: DISCOVER YOUR WORTH!

Location: Westbury Hotel, Toronto

October 12-14, 1988

The organizers of UNYOC '88 believe that the chosen theme, DISCOVER YOUR WORTH!, allows for many exciting possibilities at a time when increasing numbers of health librarians are expanding or altering their roles to meet the challenges posed by changes in the delivery of health care and the information environment. In academic, hospital and other health care settings librarians are re-assessing their positions and relative value and seeking new ways to prove their worth.

If you have established your worth, or would like to present a paper on the value of any aspect of library organization or service, please contact Tom Flemming, Conference Chair. Tom would like to receive three copies of an abstract no longer than one page, bearing the name, mailing address, organizational affiliation (if appropriate) and daytime telephone number of the author(s) no later than April 29, 1988. He would also welcome papers on topics which are not specifically related to the conference theme. Tom Flemming may be contacted at:

McMaster University Health Sciences Library,
1200 Main St. West,
Hamilton, Ontario, Canada L8N 3Z5.

Those who submit abstracts by the deadline will receive a response no later than May 31, 1988.

NEW PUBLICATIONS

Adams DW, Deveau EJ. **Coping with Childhood Cancer: Where do we go from here?** Hamilton On: Kinbridge Publications, 1988.

The first edition of this self-help guide for families and learning resource for professionals sold out completely. Written by an experienced social worker and nurse with the help of parents, physicians and other professionals, the second edition is realistic, easy to read and deals with all issues in childhood cancer of concern to both parents and children. Unique features of this book are the Reader's Guide and the wealth of information gained from those who have coped with childhood cancer.

Order from: Kinbridge Publications, P.O. Box 5035, Station E, Hamilton, Ontario L8S 4K9.

Regular price \$21.95 (Can).

Library price \$17.95 (Can).

Orders outside Canada \$19.95 (U.S.).

Add shipping and handling.

\$1.75 first copy, \$0.75 each

additional copy.

Darling, L., ed. **Health Science Librarianship and Administration. Vol. III, Handbook of Medical Library Practice.** Chicago: MLA, 1988. 593 p.

As the editors state in the Preface, "the purpose of the Handbook remains the same: to serve as a practical manual reflecting current methods of organization and providing service from information resources to users of health sciences libraries of all types..." The book includes chapters on Interlibrary Co-operation, Promoting and Enhancing the Library Program, Space Planning, and General Principles on Administration. Volume III is \$35.00 (U.S.) for MLA members. To order, or for further information: Medical Library Association, 919 North Michigan Avenue, Suite 3208, Chicago Illinois 60611. Credit card orders may be placed by calling (312) 266-2456.

Jeannine Lawlor, comp. **Social Work: A Guide to Reference Sources.** Montreal: Nursing/Social Work Library, McGill University, 1988. 24 p.

This annotated bibliography was prepared as a guide to the social work material in the reference section of the Nursing/Social Work Library at McGill University. The list gives a representative sample of the publications available. The most up-to-date material was selected for inclusion, with special emphasis on Canadian sources. The bibliography is available at \$2.00 per copy from the Nursing/Social Work Library. Please send request on an ILL form.

Hebert, Francoise. Photocopying in Canadian Libraries: Report of a National Study. Ottawa: CLA/ASTED, 1987.

This national study on photocopying was conducted in 1987 to estimate the volume, nature and configuration of photocopying in academic, public and special libraries in Canada, and to analyse copying policies and practices. It contains up-to-date statistics on what is photocopied and how much is photocopied in Canadian libraries. The study is intended to help librarians to make informed judgements about photocopying under the Copyright Act, to negotiate and deal effectively with reprography collectives, and to better represent the interests of libraries and library patrons at a time when legislation regarding photocopying is being revised in Canada.

Copies can be obtained from the Canadian Library Association, at the members' price of \$44 (non-members' price of \$55), plus \$7 postage and handling charges for single copy and prepaid orders (\$13 in the U.S.).

Order from: Canadian Library Association
200 Elgin Street, Suite 602
Ottawa, Ontario K2P 1L5

Tel.: (613) 232-9625
ENVOY 100: CLAHQ

FAMLI: Family Medicine Literature Index Volume 8, 1987. Toronto: College of Family Physicians of Canada, 1988. 207 p.

This annual index to the family medicine literature is produced in co-operation with the National Library of Medicine, U.S.A. It consists of a subset of references from Index Medicus, selected for their relevance to family medicine, plus supplementary indexing of important family medicine journals not covered by Index Medicus. The index serves as a handy and inexpensive means of access to medical literature for small libraries, individuals, and all those with a particular interest in the family medicine literature. Volume 8, 1987 is now available for \$48 (\$58 outside the U.S. and Canada) from the Canadian Library of Family Medicine, Natural Sciences Centre, University of Western Ontario, London N6A 5B7. Cheques should be made payable to the College of Family Physicians of Canada.

A Guide to Drug Information and Literature: An Annotated Bibliography. 4th ed. Los Angeles, CA: Norris Medical Library. 42 p.

The fourth expanded and revised edition of Norris Medical Library's "Guide to Drug Information" is now available for purchase. This 42 page bibliography is available in paperback book format for \$10.00 (U.S.). Prepayment by cheque payable to the Norris Medical Library is necessary. Requests should be sent to: Reference Office, Norris Medical Library, University of Southern California, 2003 Zonal Avenue, Los Angeles CA 90033.

Manitoba Health Libraries Association. Selected Books and Journals for
Manitoba Health Care Facilities.

The following bibliographies are now available to MHLA members and non-members:

1987	ALLIED HEALTH	\$4.00
1985	BASIC REFERENCE TOOLS (1 p.)	
1985	LONG TERM GERIATRIC CARE	\$4.00
	ALL ABOVE SECTIONS	\$8.00

For further information contact Hélène Proteau, (204) 788-6462. Please make cheque or money order payable to the Manitoba Health Libraries Association.

Manitoba Health Libraries Association
Selected Books & Journals
Box 232, Postal Station C
Winnipeg, Manitoba R3M 3S7

Health and Welfare Canada. Active health report: what we think, what we know, what we do: perspectives on Canada's Health Promotion Survey. Ottawa, 1987. 43 p.

This is the first report on Canada's Health Promotion Survey. The aim of the survey was to explore what Canadians think, feel and know about health, and how these things relate to what they do. This report summarizes the survey's findings and reflects upon the challenges and opportunities they imply for health promotion. The report is available free from Health and Welfare Canada.

Report of the Task Force on the Implementation of Midwifery in Ontario.
Toronto: Ontario Ministry of Health, 1987. 426 p.

This report of the Task Force chaired by Mary Eberts includes a 9 page bibliography. The report is available free to Ontario residents, \$25.00 to those out-of province. An 18 page executive summary and summary of recommendations is also available in English or French, free to Ontario residents and \$3.50 to those out-of province.

POSITIONS AVAILABLE

HEAD, NEILSON DENTAL LIBRARIES The University of Manitoba Libraries

The University of Manitoba Libraries invites applications for the position of Head, Neilson Dental Library. The Neilson Dental Library, one of thirteen unit libraries within the Libraries system, has a staff of 1.25 FTE academic librarians and 3.45 FTE support staff. Reporting to the Associate Director of Libraries, the successful candidate will be responsible for the overall operation of the Library in all its aspects, including administration of the facilities, policy formulation, collection development, budget preparation and control, physical facilities planning, library user services, technical services, supervision of staff, and staff development.

QUALIFICATIONS: An ALA accredited library degree. An undergraduate degree is required, preferably in one of the life sciences. Significant experience at the professional level in a dental or health sciences library, preferably at an academic institution. Demonstrated management skills. Knowledge of academic library public services, technical services activities, automated systems and collection development are also required. Personal qualifications of judgement, initiative and resourcefulness; the proven ability to work with staff and users at all levels. The successful candidate is expected to show evidence of participation in professional development and other relevant professional activities.

RANKS AND SALARY RANGES: Commensurate with qualifications and experience:

Assistant Librarian	\$27,090 to \$47,272
Associate Librarian	\$34,023 to \$59,365

In addition, this Department Head position carries a stipend of \$2,582 per annum. (Salaries are presently under review). Librarians enjoy academic status and are appointed to one of four ranks; General, Assistant, Associate and Librarian, with the possibility of promotion. This position has a two-year probationary period.

EFFECTIVE DATE: July 1, 1988

Both women and men are encouraged to apply. In accordance with Canadian immigration requirements, this advertisement is directed to Canadian citizens and permanent residents.

Submit applications including resume, salary expectations and the names of three referees by April 30, 1988 to:

Earle C. Ferguson, Director of Libraries
University of Manitoba, Winnipeg, Manitoba R3T 2N2

To accommodate BMC's publication schedule, late applications may be considered.

LIBRARIAN (SYSTEMS AND PLANNING)
Health Sciences Library, Memorial University of Newfoundland

The Health Sciences Library of Memorial University of Newfoundland is seeking applicants for the full-time, tenure track position of Librarian (Systems and Planning). This position reports directly to the Health Sciences Librarian.

DUTIES AND RESPONSIBILITIES: The major responsibility of this position is to act as an innovator and resource person in implementing computer-based systems in the Health Sciences Library. The Library is currently investigating the feasibility of CD-ROM-based public access catalogue and the successful applicant will be heavily involved with the introduction and implementation of this system.

As directed by the Health Sciences Librarian, the successful applicant will also be responsible for conducting preliminary investigations into matters chiefly concerning the Library's present physical environment and future requirements. Such investigations will include the formulation of projections and recommendations for consideration by the Health Sciences Librarian and the Library's Administrative Group.

As a member of the Library's professional staff, the successful applicant will assist in the provision of information services to the Library's clientele (including on-line searching) and will participate in the Library's collections development programme.

BENEFITS: Rank and salary will be based on qualifications and experience. The standard academic fringe benefits are available including eligibility for sabbatical and study leaves. Tenure track positions include a generous moving allowance.

QUALIFICATIONS: An MLS or BLS from an accredited program is required. Experience in or familiarity with the identification and implementation of computer-based systems in a library setting is a prerequisite for this position. Good communication skills - both oral and written - are mandatory. Previous experience searching the MEDLARS and DIALOG or BRS systems is required. Other desirable characteristics include: experience in providing general information services to health care personnel; knowledge of the strategic planning process; and familiarity with bibliographic instruction and/or end-user training.

The application deadline for this position is April 15, 1988. Those interested should forward their resume and the names of three references to:

C. Quinlan, Health Sciences Librarian
Health Sciences Library, Health Sciences Centre
Memorial University of Newfoundland
St. John's, Newfoundland A1B 3V6

To accommodate BMC's publication schedule, late applications will be considered.

ASSISTANT HEAD, TECHNICAL SERVICES DIVISION
Health Sciences Library, Memorial University of Newfoundland

The Health Sciences Library of Memorial University of Newfoundland is seeking candidates for the position of Assistant Head, Technical Services Division. This position reports directly to the Head, Technical Services Division and, in the absence of the Head, is responsible for the supervision of the Division's nine FTE support staff.

DUTIES AND RESPONSIBILITIES: The primary function of this position is to conduct a comprehensive review of the Division's policies and procedures and to submit recommendations to the Head, Technical Services. In addition, the successful applicant will be responsible for evaluating vendor performance and selection; planning and supervising a stack shift of the Library's journal collection of approximately 50,000 volumes; and organizing and coordinating a local union list of serials for the St. John's hospital libraries. Other divisional responsibilities include: assisting the Head, Technical Services in planning for the implementation of an on-line system; assisting in the interpretation and application of AACRII; and working on special projects as required.

The successful applicant will also assist in the provision of information services to the Library's clientele and will participate in the monthly meetings of the Library's professional staff where general Library programmes and policies are discussed.

QUALIFICATIONS: An MLS or BLS from an accredited programme is required. A minimum of two years experience in technical services, preferably in the health sciences, is a prerequisite for the position. Experience in serials is essential. Knowledge of and interest in the application of on-line systems in a technical services environment is highly desirable.

This position is offered on a two-year contractual basis. Those interested in being considered for this position should forward their resumé and the names of three references to:

C. Quinlan, Health Sciences Librarian
Health Sciences Library, Health Sciences Centre
Memorial University of Newfoundland
St. John's, Newfoundland A1B 3V6

SCIENCES LIBRARIAN

University of Western Ontario

Reporting to the Director of Libraries, the Sciences Librarian is responsible for the management of the collections, staff and physical resources of the Sciences Library within the policies and procedures of the University Library System to provide the materials and services required by the faculty, staff and students in the Faculties of Applied Health Sciences, Dentistry, Medicine, Nursing and Science.

The Sciences Library has a collection of approximately 400,000 items and subscribes to 5,000 standing orders. The staff numbers twenty-five plus a varying number of part-time assistants.

Candidates must have a Master of Library Science and five years experience at the middle management level, sound judgement, excellent communications skills, excellent planning and management skills and a thorough knowledge of technological developments as they pertain to libraries.

Preference will be given to those applicants with the above qualifications and who have a graduate degree in one of the Sciences.

Salary will be commensurate with experience and qualifications. Qualified applicants may apply by April 30, 1988 to:

Dorothy Fox, Head, Personnel Department
Library Personnel Office
The D.B. Weldon Library
University of Western Ontario
London, Ontario
N6A 3K7

Tel.: (519) 679-2111

CANADIAN HEALTH LIBRARIES ASSOCIATION BOARD OF DIRECTORS / BMC STAFF

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Halifax, Nova Scotia B3H 4H7
Tel: (902) 424-2482

Kathy Gaudes
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St. Boniface General Hospital
431 Tache Avenue
Winnipeg, Manitoba R2H 2A7
Tel: (204) 237-2955

Susan Hendricks
Education Resource Centre
Oshawa General Hospital
24 Alma Street
Oshawa, Ontario L1G 2B9
Tel: (416) 576-8711
Envoy 100: OGH.LIB

Bibliotheca Medica Canadiana
Subject Index, volume 9, 1987 - 1988

Information for Contributors, Meetings/Workshops, and New Publications are not indexed. Contents pages of each issue serve as the title index of this journal.

A

Archives, Medical 9(1): 53-66
 Assertiveness Training 9(2): 89-92
 Award, 10th Anniversary 9(1): 13-6
 9(3): 169
 9(4): 217

B

Bibliotheca Medica
 Canadiana 9(1): 24-6
 Books for Children Project 9(1): 71

C

Canadian Council for Occupational
 Health see CCOHS
 Canadian Periodical Index 9(1): 67
 CCOHS and NIOSH Agree 9(1): 67
 CHLA/ABSC
 Annual General
 Meeting 9(1): 13
 9(1): 17-23
 9(4): 223
 CE Coordinator 9(1): 28-9
 Conference Programme 9(4): 193-5
 Financial Statement 9(4): 189-92
 Membership Committee 9(1): 27
 MLA Liaison 9(1): 8
 Public Relations 9(1): 6-7
 9(1): 27
 Response to Flower
 Report 9(4): 185-8
 CHLA/ABSC Chapters see
 Central Ontario Health Libraries
 Association
 Health Libraries Association of BC
 Kingston Area Health Libraries
 Association
 Manitoba Health Libraries
 Association

Maritime Health Libraries
 Association
 Montreal Health Libraries
 Association
 Northern Alberta Health Libraries
 Association
 Toronto Health Libraries
 Association
 Windsor Area Health Librarians'
 Association
 Canadian Association of the History
 of Nursing 9(4): 217
 Calgary General Hospital 9(2): 120
 Cataloguing 9(4): 203-9
 Central Ontario Health Libraries
 Association 9(1): 35
 Certification 9(3): 137-8
 Computer Assisted Instruction
 9(2): 119
 Consumer Health
 Information 9(3): 114-8
 Continuing Education
 Columns 9(1): 30-33
 9(2): 89-92
 9(3): 137-8
 9(4): 196
 Course Design 9(1): 68-70
 Copyright Act 9(2): 93-7

D

Denis, Laurent-G. 9(4): 219
 Disability Resource Library
 Network 9(3): 155-7

E

Editorials
 9(1): 1
 9(2): 83-4
 9(3): 129
 9(4): 179-180

F

- Financial Statement 9(4): 189-92
- Flood in Hospital Library 9(2): 119
- Flower Report see Libraries Without Walls

G

- Genetic Engineering 9(2): 104-13
- Grateful Med 9(4): 210-3
- Groen, Frances 9(4): 217

H

- Health Libraries Association of BC 9(1): 34
- Health Sciences Resource Centre 9(1): 73-8
9(2): 121-2
9(3): 172-4
- 9(4): 220-2
- Health Workshop 9(2): 114-8
- Hospital for Sick Children 9(2): 119
- HSRC see Health Sciences Resource Centre

I

- Infohealth Task Force Report 9(1): 47-52

K

- Kingston Area Health Libraries Association 9(1): 36

L

- Learning Resource Centre 9(4): 214-6
- Letter to the Editors 9(1): 2
9(2): 84
9(3): 130
9(4): 180
- Libraries
 - Hospital, for Nurses 9(3): 151-4
 - Hospital, Psychiatric 9(3): 158-62

Libraries cont'd

- Learning Resource Centre 9(4): 214-6
- Small 9(3): 139-43
- Libraries Without Walls 9(2): 98-103
9(4): 185-8

M

- Manitoba Health Libraries Association 9(1): 13-6
9(1): 37-8
9(1): 47-52
- Medline
 - Compact Cambridge 9(2): 120
 - Subsets 9(3): 163-8
- MeSH Online 9(1): 30-3
- Management Strategies 9(3): 139-43
- Maritime Health Libraries Association 9(1): 39-40
- Montreal Health Libraries Association 9(1): 41

N

- Northern Alberta Health Libraries Association 9(1): 42
9(3): 170
- Nurses, use of library 9(3): 151-4

O

- Online Information 9(3): 171
- Ontario Hospital Libraries Association 9(1): 45-6
- Oppenheimer, Gerry 9(3): 270

P

People on the Move:

- Bishop, Betty 9(4): 218
- Charette, Janet 9(1): 79
- Chong, Jean 9(3): 171
- Cornett, Jean 9(4): 218
- Deguns, Kathy 9(4): 218
- Dryden, Donna 9(3): 171
- Figurski, Jan 9(1): 79
- Gillespie, Susan 9(1): 79
9(3): 171
- Glover, Elaine 9(3): 171
- Heino, Dan 9(3): 171

People on the Move cont'd

Higgins, Susan 9(4): 218
 Hoare, Colin 9(4): 218
 Hutchison, Pat 9(3): 171
 Hyvarinen, Helen 9(4): 218
 Kirchner, Elizabeth 9(3): 171
 Lewis, Larry 9(4): 218
 Macmillan, Christie 9(3): 171
 MacRae, Ruth 9(3): 171
 Marshall, Joanne 9(1): 79
 Rose, Peter 9(3): 171
 Schmaltz, Carol 9(4): 218
 Stanley, Jamie 9(3): 171
 Tabur, Susanne 9(1): 79
 Taylor, Margaret 9(3): 171
 Walker, Anne 9(4): 218
 Waluzyniec, Hanna 9(3): 171
 Wong, Maureen 9(1): 79
 You, Kathy 9(3): 171

Psychiatric Hospital Library

9(3): 158-62

Publishing Policies

9(3): 130

S

Scientists and Information

9(4): 198-202

T

Task Force on Hospital Library Standards

9(1): 9-12

9(2): 88

9(3): 135-6

9(4): 184

Telemedicine

9(4): 196-7

Toronto Health Libraries Association

9(1): 43

9(2): 120

9(3): 169

U

Union List of Serials

9(1): 2

W

Windsor Area Health Librarians'

Association

9(1): 44

Workload Measurement

9(3): 144-50

Author Index, volume 9, 1987 - 1988

B

Banks, R. 9(3); 158-62
 Barrett, A. 9(1); 28-9
 Bishop, B. 9(1); 35
 Brown M.C. 9(1): 2
 Bruce, M.L. 9(4); 214-6

C

Callaghan, J.C. 9(2); 83-4
 9(3); 129
 Callaghan, J.C. cont'd 9(4); 179-80
 CHLA 9(1): 6-7
 9(3): 185-8

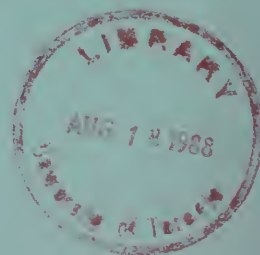
D

Daniel, J. 9(2); 93-7
 Dilks, C.W. 9(4); 210-3
 Dunikowski, L. 9(1); 1
 9(2); 83-4
 9(3); 129
 9(4); 179-80

F

Flemming, T. 9(1); 1
 9(1): 24-6
 Flower, M.A. 9(2); 98-103
 Fraser, B. 9(2): 84

- G
- Gaudes, K. 9(1); 13-6
 Gillespie, S.A. 9(3); 144-50
 Greenwood, J. 9(1); 3-5
 9(1); 8
 9(1); 9-12
 9(2); 85-7
 9(2); 88
 9(3); 130
 9(3); 131-4
 9(3); 135-6
 9(4); 181-3
 9(4); 184
 9(3); 163-8
- Groen, F.
- H
- Henshaw, A. 9(1); 44
 9(1); 68-70
- J
- Jaegglin, R.B. 9(3); 155-7
 Janik, T. 9(1); 44
 9(1); 68-70
 9(3); 180
- Jensen, M.F.
- K
- Kelly, C. 9(1); 41
 Kennedy, W. 9(4); 203-9
 9(1); 73-8
 Kharouba, D. 9(1); 30-3
 9(1); 73-8
 Kimmerly, K.D. 9(4); 189-92
- L
- Lapointe, F. 9(1); 42
 Law, J. 9(1); 36
 Lloyd, D.B. 9(4); 198-202
- M
- Marshall, J. G. 9(2); 89-92
 McKibbin, A.A. 9(4); 210-3
 MHLA 9(1); 47-52
- N
- Nelson, A. 9(1); 34
- P
- Patrick, W. 9(3); 151-4
 9(2); 114-8
 Pepper, C. 9(1); 43
 Pritchard, D. 9(1); 13-6
 9(1); 37
- S
- Smith, M. 9(2); 104-13
 Spadoni, C. 9(1); 53-66
 St. Clair, G. 9(3); 139-43
- T
- Taylor, M. 9(1); 45-6
 Toplack, C. 9(1); 39-40
- W
- Waluzyniec, H. 9(1); 27
 9(3); 137-8
 Wong, M. 9(2); 121-2
 9(3); 172-4
 9(4); 220-1

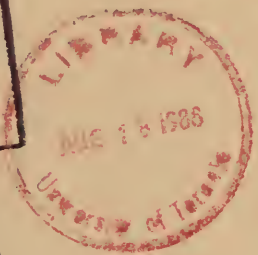


Index
v. 9

LIBRARY
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COL. MED. DIV.

LIBRARY



LIBRARY
USE UNTIL
SEP 22 1988



BIBLIOTHECA MEDICA CANADIANA

VOLUME 10 NUMBER 1 1988 ISSN 0707 - 3674

INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTEURS

The **Bibliotheca Medica Canadiana** is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library. Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome.

La **Bibliotheca Medica Canadiana** a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires travaillant dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillent dans les bibliothèques de petite taille et les bibliothèques relativement isolées. Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus.

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INFORMATION FOR CONTRIBUTORS

MANUSCRIPTS

The editors of **Bibliotheca Medica Canadiana** welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada.

Contributions should be submitted in **duplicate** and the author should retain one copy. Contributions should be **typed double-spaced** and **should not exceed six pages or 2100 words**. Pages should be numbered consecutively in arabic numerals in the top right-hand corner. Articles may be submitted in French or in English but will not be translated by the editors or their associates. Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the **Oxford English Dictionary**; exceptions shall be at the discretion of the editors. Contributors who wish to submit their work in machine-readable format should contact the editors in advance to ensure that compatible equipment is available in the editorial offices.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

REFERENCES

All references should be given in the Vancouver style; see **Canadian Medical Association Journal** 1985;132:401-5. Contributors are responsible for the accuracy of their references. Personal communications are not acceptable as references. References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

ILLUSTRATIONS

Any illustrations or tables submitted should be black and white copy camera-ready for print. Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text. Illustrations and tables should include appropriate titles.

AVERTISSEMENT AUX AUTEURS

MANUSCRITS

Les rédacteurs de la **Bibliotheca Medica Canadiana** sont à la recherche de manuscrits ou d'autres renseignements portant sur le vaste domaine de la bibliothéconomie dans le contexte des sciences de la santé. Nous recherchons tout particulièrement des articles relatifs à la situation au Canada et à des thèmes d'actualité.

Les articles devraient être remis **en deux exemplaires** et l'auteur devrait en garder une copie. Les articles devraient être **dactylographiés en double espace** et **ne devraient pas dépasser six pages ou 2100 mots**. Prière de numérotter les pages consécutivement en chiffres arabes en haut de la page à droite. Les articles peuvent être remis en français ou en anglais, mais ils ne seront pas traduits par la rédaction ou par les associés de la rédaction. Le style d'expression écrite se conformera à l'usage et à la syntaxe acceptables du français; il est préférable d'éviter l'argot, les sigles et autres abréviations obscures. L'orthographe se conformera à celle du **Robert**; les exceptions à cette règle seront à la discrétion de la rédaction. Les auteurs qui désirent remettre leurs manuscrits sous forme électronique devraient communiquer à l'avance avec la rédaction afin de s'assurer que l'équipement compatible est disponible aux bureaux de la rédaction.

Tout article devrait s'accompagner d'une lettre de couverture fournissant les informations suivantes: nom de l'auteur (dactylographié), son titre et lieu de travail, ainsi que tout autre détail que l'auteur jugerait utile à la rédaction.

REFERENCES

Toute référence devrait être citée selon le style dit de Vancouver; voir le **Journal de l'Association médicale canadienne** 1985; 132: 401-5. Les auteurs sont responsables de l'exactitude de leurs références. Les communications de nature personnelle ne sont pas acceptables comme références. Il ne faut citer une référence à un ouvrage inédit que si ce dernier est disponible à une adresse indiquée par l'auteur.

ILLUSTRATIONS

Les illustrations et les tableaux doivent être en noir et blanc, et prêts à l'impression. Les illustrations et les tableaux doivent être clairement identifiés en chiffres arabes et avoir des renvois clairs dans le corps du texte. Les illustrations et tableaux doivent comporter des titres pertinents.

BIBLIOTHECA MEDICA CANADIANA NEWS AND NOTES

The editors welcome news items from members of the Canadian Health Libraries Association, or any news that may be of interest to members. Please feel free to copy this form in any way for submission, and to attach separate sheets for lengthy items.

APPOINTMENTS? Who _____
HONOURS? What _____
AWARDS? When _____
Where _____

PROMOTIONS? Who _____
MOVES? From _____
RESIGNATIONS? To _____
When _____

SEMINARS? What _____
WORKSHOPS? When _____
Where _____

PUBLICATIONS? What _____
BOOK REVIEWS? Where _____
Citation _____

ACQUISITIONS? What _____
GIFTS? Why _____
GRANTS? Amount _____
Donor _____

TRIPS? Who _____
LECTURES? Where _____
VISITORS? When _____
Why _____

From:

To:

J. Claire Callaghan, Editor
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BIBLIOTHECA MEDICA CANADIANA



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volume 10, number 1

1988

- i Information for Contributors
- iv Newsgathering Form
- 1 From the Editors
- 2 Letter to the Editors - Groen
- 3 A Word from the President - Maes
- 4 Quelques Mots du Président - Maes
- 6 Report: Task Force on Hospital
Library Standards - Greenwood
- 8 CHLA Annual General Meeting
Minutes
- 12 Report of the Treasurer
- 13 Report of the CE Coordinator
- 14 Report: Public Relations
- 15 Report of the BMC Editors
- 16 Report: HSRC Advisory Committee

CHAPTER REPORTS

- 17 Northern Alberta
- 19 Southern Alberta
- 20 British Columbia
- 21 Central Ontario
- 22 Kingston
- 23 London Area
- 24 Manitoba
- 26 Maritimes
- 27 Montreal
- 28 Northwestern Ontario
- 29 Ottawa / Hull
- 30 Toronto
- 31 Windsor Area
- 32 Report: Ontario Hospital Libraries
Association
- 34 Continuing Education - MEDLARS
Update
- 38 Flower Report: CISTI's Response/
Reponse de l'ICIST
- 42 Health and Welfare Canada Libraries:
A Review - Stableford

... continued

NEWS AND NOTES

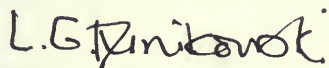
- 46 People on the Move
- 46 New Ontario Chapter
- 46 Orthopedic Journal Available
- 46 Invitation to Authors
- 47 From the HSRC
- 49 Du CBSS
- 51 Meetings/Workshops
- 52 CHLA Board

FROM THE EDITORS

The final issue produced by the current editorial team is now before you. We have learned a lot in the past year -- for a formal report of the year's work, see p. 15 of this issue. This report was presented at CHLA's 12th annual meeting in Halifax, where the weather was wonderful and the company excellent. Look for papers from the meeting in the next issue of **BMC**. What isn't mentioned in the report is what a pleasure it has been during the year to meet the many people who volunteer their time to contribute to CHLA, from those who serve on the Board and as Chapter executives, to those who write for the journal.

We hope you like the new look of **BMC**, which is the result of our new laser printer. Please write and give us your opinions -- at this point, we plan to continue with this format throughout Volume 10. Your input on any aspect of **BMC**'s format or content is most welcome at all times, so please do let us know what you think.

Goodbye for now, and thank you all for a year filled with interest and challenges.



Lynn Dunikowski
Editor



Claire Callaghan
Assistant Editor

LETTER TO THE EDITORS

I have just read your "From the Editor's Column" in the recent issue of the **Bibliotheca Medica Canadiana**, and I would like to express my sincere appreciation for your kind words regarding my recent election as President of the Medical Library Association.

Indeed, I thought long and hard about the viability of a Canadian in the role of the President of the Medical Library Association before I agreed to allow my name to stand in nomination for this office. One reason I decided to consider this opportunity was that I feel most strongly that the issues facing health sciences libraries today are not Canadian or North American but rather international in nature. We have much to share and learn from our colleagues throughout the world, and the place to start seems to me just across the border. I have always appreciated the opportunity to attend on an equal basis with my American colleagues the meetings of the Medical Library Association, and I feel that now it is time to repay some of the learning I have had the opportunity of participating in over the last twenty years. This is not to say that I have any intention of foregoing my commitment to the Canadian scene, although I will feel quite pressured until the year 1991 when my period as Immediate Past President ends. It seems a very long time right now, but I am sure the time will go quickly and, like every other activity that I have been involved in regarding librarians and their associations, the time will go very quickly.

There are many activities that are common to both the Canadian Health Libraries Association and the Medical Library Association. I have seen many of those issues become part of the fabric of CHLA: the emphasis upon good continuing education programs for the membership, the need to publish a journal of communication that would link our librarians from coast to coast, the importance of chapters or regions and their feedback into the national organization, and that huge issue facing all of us today, the importance of strategic planning to prepare us for the information age that is already upon us.

You raise an interesting point regarding the importance of a legislative agenda. I think the CHLA has already a good track record in lobbying, but we need to do more in terms of educating our members on the issues and providing them with good background information. For example, many of our health librarians may not be aware of the CAUT response to the present copyright legislation. **Felicit**, the Canadian Library Association publication, is doing a great deal to alert members but not all CHLA members are members of the Canadian Library Association. I think a column on the legislative issues facing health libraries today would be of great interest and importance to the CHLA membership.

Again permit me to express my deepest appreciation for your thoughtful remarks on behalf of the Association that I feel very close to.

(Mrs.) Frances Groen
Life Sciences Area Librarian
McGill University

A WORD FROM THE PRESIDENT

Bill Maes

Head, Public Services
Medical Library, University of Calgary
Calgary, Alberta

The most difficult task in the assumption of any new office is to meet the pace and standards set by a good predecessor. Jan Greenwood with her Task Force on Hospital Library Standards and continued direction in the development of our Strategic Plan initiated by Dorothy Fitzgerald, has brought our Association to a new level of maturity as it begins to be an influence beyond its own boundaries.

Continuing in the direction set by Jan the Board, at its post conference meeting in Halifax, has created a Special Committee on the MIS/CHA Guidelines which has, as a matter of urgency, a broad mandate to examine the implications of the Guidelines for Health Care Information Providers and to develop, as necessary, an appropriate response. More information on this Committee and its work should be available in a forthcoming issue of **BMC**. In the interim, please send any comments or suggestions regarding this matter to the attention of Susan Hendricks at the Oshawa General Hospital or to the attention of the Board.

With the beginning of a new fiscal year we bid farewell to some of our

good and faithful servants and welcome new members to the Board. Past comments by Jan in the pages of this Journal speak well for the many contributions made by Dorothy Fitzgerald, Hanna Waluzyniec and Ann Barrett. They will be missed. Newly elected are Johann Van Reenen and Joanne Gard Marshall, who will be serving as Director responsible for Public Relations/Membership and Director for Continuing Education respectively. This issue also brings to an end the capable editorship of Lynn Dunikowski who has done a great deal in maintaining the quality and improving the appearance of **BMC**. Claire Callaghan will be assuming her new duties as editor and Linda Wilcox as Assistant Editor. Thank you all for serving, and being willing to serve, the Association so well.

The 12th Annual CHLA Conference in Halifax was a smashing success with representation from Victoria to St. John's. The program had something of interest for everyone and provided much food for thought. On behalf of the Board and all our members I would like to thank Ann Manning and all members of the Conference Planning Committee for their efforts. The hospitality easily matched that for which Calgary is

famous (coming from a Calgarian that says a great deal).

Finally, writing from Alberta I am only too readily aware that we live in relative isolation from most of the members of the Association. I therefore

implore you to use whatever means of communication are at your disposal to share with us your ideas, problems, and solutions for the many issues that face us in 1988-89.

P.S. Does anyone know how to turn beef into fish and/or lobster?

QUELQUES MOTS DU PRESIDENT

Bill Maes

Chef des services publics
Bibliothèque médicale, Université de Calgary
Calgary, Alberta

La tâche la plus difficile quand on commence à exercer une nouvelle fonction est de marcher de pair avec la compétence et l'excellence d'un bon prédécesseur. Avec son Groupe d'Action sur les Standards des Bibliothèques des Hôpitaux, et sous sa direction continue dans le développement du Plan Stratégique initié par Dorothy Fitzgerald, Jan Greenwood a élevé notre Association à un nouveau niveau de maturité, et ceci au moment où cette Association commence à être une influence au delà de ses propres frontières.

En continuant dans la direction dans laquelle Jan l'a guidé, le Comité d'administration a créé, lors de la réunion suivant le congrès à Halifax, un Comité Spécial sur les Directives de MIS/CHA ayant, comme affaire urgente, un large mandat pour examiner les implications des Critères de Fonctionnement établies pour les responsables d'Information sur les Soins Médicaux, et pour développer, au besoin, une réponse appropriée. De plus amples informations sur ce comité et sur le travail qu'il veut accomplir

seront disponibles dans une future parution de BMC. Dans l'interim, prière d'envoyer vos commentaires et vos suggestions quant à cette question à l'attention de Susan Hendricks à l'Hôpital Générale d'Oshawa, ou à l'attention du Comité d'Administration.

Le début d'une nouvelle année fiscale voit partir quelques uns de nos bons et fidèles serviteurs et voit arriver de nouveaux membres du Comité. Les commentaires de Jan dans les pages de ce journal ont déjà bien témoigner les maintes contributions de Dorothy Fitzgerald, de Hanna Waluzyniec et de Ann Barrett. Elles nous manqueront. Johann Van Reenen et Joanne Gard Marshall, nouvellement élues, assumeront les postes de Directeur responsable des Relations Publiques et Abonnement, et de Directrice d'Education Permanente respectivement. La nouvelle année fiscale voit aussi partir notre compétente rédactrice en chef, Lynn Dunikowski, qui a fait un énorme travail pour maintenir la qualité et pour améliorer l'apparence du journal BMC. Claire Callaghan

assumera ses nouvelles tâches comme rédactrice en chef, et Linda Wilcox sera rédactrice adjointe. Nous vous remercions toutes d'avoir si bien servi l'Association, et d'avoir si généreusement voulu servir.

Le 12^e Congrès annuel de CHLA à Halifax était un succès épatant. Il y avait des représentants d'à partir de Victoria jusqu'à St-John's. Le programme avait de quoi intéresser tout le monde et fournissait beaucoup à quoi penser. De la part du Comité et de tous nos membres, je voudrais remercier Anne Manning et tous les membres du Comité Organisateur du Colloque. L'hospitalité halifaxienne égalait ce que nous

entendons par l'hospitalité calgarienne (et ceci, venant d'une Calgarienne, est beaucoup dire!).

Finalement, puisque j'écris de l'Alberta, j'avoue être très conscient du fait que nous sommes tous isolés de la plupart des membres de l'Association. Je vous supplie donc de vous servir de n'importe quels moyens de communication qui seraient à votre disposition pour partager vos idées, vos inquiétudes et vos solutions aux nombreux problèmes qui nous attendent en 1988-89.

p.s.: Y a-t-il quelqu'un qui saurait comment transformer le boeuf en poisson ou en homard?

REPORT FROM THE CHLA/ABSC TASK FORCE ON HOSPITAL LIBRARY STANDARDS

Jan Greenwood, Chair

Manager of Library Services,
Ontario Medical Association,
Toronto, Ontario

12th Annual Conference, June 11-15, 1988

In May a draft of the proposed revisions to the standards for library services were circulated to every member of CHLA/ABSC. This draft was the subject of a panel discussion, moderated by Anitra Laycock, at the 12th Annual Conference in Halifax. The panel comprised Mary Hope, Assistant Executive Director of Patient Care Services at the Halifax Infirmary and a surveyor for the newly named Canadian Council on Health Facilities Accreditation (CCHFA); Ursula Poland, Chair, (N.Y.) Hospital Library Service Program Task Force and me. Kathy Eagleton, Verla Empey and Dorothy Fitzgerald, the other members of the Task Force, were also in attendance to address issues raised on the floor.

After presentation of an overview of the Task Force's work to date, with particular attention given to contentious or complex issues, Mary Hope provided both the perspective of an accreditation surveyor and a hospital administrator. She commended CHLA/ABSC for the manner in which it was seeking to have the standards revised, noting that the thoroughness and comprehensiveness of the process would likely do much to enable CCHFA to respond expeditiously. Ms. Hope also counselled librarians not to be reluctant to seek power and advised them to enhance their profiles within their institutions by seeking roles beyond the library.

Ursula Poland then expressed the view that the proposed new standards for Canadian hospital libraries appear to be stronger than those now existing in the U.S. and said that her colleagues would be awaiting the Canadian outcome with interest. As Chair of the N.Y. Task Force Ms. Poland is charged with the responsibility for reviewing the effectiveness of the guidelines and assessment form published in the 1983 ("Albany") **MANUAL FOR ASSESSING THE QUALITY OF HEALTH SCIENCE LIBRARIES IN HOSPITALS**. She had hoped that the work of this Task Force would be substantially underway by the time of the CHLA/ABSC conference but the necessary state-wide survey necessary to an intelligent review process is only just being carried out. It is hoped that the Canadian and N.Y. task forces will remain in close touch during the coming year and that it might even be possible to hold a joint meeting before finalization of either project.

During the lively and lengthy discussion which ensued from the panel presentations the issue of the reporting structure for hospital libraries proved, not unexpectedly, to be a major area of concern among the hospital librarians present. There was a general consensus that the arrangement whereby a hospital library reports to "staff development" or "education" is totally untenable, partly because of the more comprehensive mandate of the library to make its services

available hospital-wide and support research and patient care programs as well as educational activities. These and other related issues have been presented in a written document from the Task Force to CCHFA.

The failure of the Task Force to relate the standards to workload measurement statistics, a question with which the Task Force has grappled on a number of occasions, was again raised. Given that the development of workload measurement statistics for health libraries remains in its infancy there seemed to be no easy resolution, but the point was made that the Task Force will be recommending mechanisms for continually reviewing and revising the standards in the future. (At its post-conference meeting the CHLA/ABSC Board appointed a Special Committee on the MIS/CHA Guidelines which is a first step in addressing the burgeoning issue of workload measurement statistics). In responding to specific requests from the floor, the Task Force agreed to include in future revisions explicit references to library services in multi-institutional systems

and patient/consumer health information, and to investigate the possibility of publishing the final document through Health and Welfare Canada.

The Task Force members were much encouraged and impressed by the extent to which the CHLA/ABSC membership had become involved in the issues at stake with respect to the standards, and took to their post-conference meeting many ideas and suggestions offered during the panel discussion and throughout the conference. Since it was not possible to discuss at length how the Task Force should proceed with the development of quantitative standards, a decision was made to circulate a brief questionnaire, through the chapter presidents, to CHLA/ABSC hospital librarians. The statistical information gleaned from these responses will enable the Task Force members to make realistic recommendations and guidelines. We are hopeful that the members will continue to provide their support and will respond quickly to this survey, the results of which are needed this summer to enable us to prepare for a fruitful meeting in November.

**CHLA/ABSC TWELFTH ANNUAL GENERAL MEETING
CITADEL INN, HALIFAX
JUNE 14, 1988**

1. CALL TO ORDER at 1:50 p.m.

1.1 OPENING REMARKS

President Jan Greenwood welcomed all members to the AGM. The president extended special thanks to all those who contributed to the many association activities during the year. The Conference Planning Committee, in particular, was commended for its efforts in arranging such a successful twelfth conference.

1.2 ADDITIONS TO THE AGENDA

Ann Manning noted that the draw for the Air Canada ticket would be held following the President's Report.

1.3 ADOPTION OF THE MINUTES OF THE ELEVENTH ANNUAL GENERAL MEETING

J. Greenwood noted that the date at the top of page 1 should read "1987." Margaret Taylor noted that she (and not J. Greenwood) presented the OHLA Report (item 8.3). The minutes were adopted as amended. (MSC: Manning, Crawford)

2. PRESIDENT'S REPORT

J. Greenwood described the 1987-88 year as one of challenge and change. Highlights of the association activities were detailed as follows:

2.1 NEW CHAPTERS

Two new chapters were welcomed:

1. Northwestern Ontario Health Libraries Association.
2. W.W.D. Health Library Network

(serving the Ontario counties of Wellington, Waterloo, and Dufferin). Chapter Co-ordinator Joyce Pharoah was introduced to those present.

2.2 BOARD MEETINGS

Meetings were held in Calgary (Oct 1987) and Toronto (Mar 1988). Discussion focussed on the management and financial stability of the association as well as services to and communication with the membership.

2.3 MEMBERSHIP CATEGORIES AND FEES

In the preparation of the new brochure and other publicity materials, the Board elected to change the membership categories from "personal" to "REGULAR" and "retiree" to "EMERITUS". The Board approved new membership fees for the 1989-90 year. The President noted that the growing activities of the association and the fact that membership fees barely cover expenses necessitate a modest increase. The 1989-90 fees were set as follows:

REGULAR	\$ 45.00
INSTITUTIONAL	65.00
EMERITUS	25.00
STUDENT	25.00
SUSTAINING	2,500.00
BMC SUBSCRIPTION	55.00

Institutional members would be entitled to two votes and to send two delegates to the annual conference at the membership rate.

2.4 COMMUNICATIONS

The Board placed a high priority on communication with the membership and other library associations. At its March meeting, the Board determined to review the association's financial position each year with a view to providing some funding for a Board member or members to visit chapters as the need arises. The President attended a meeting of the London Area Health Libraries Association in March and in April spoke at the Montreal Chapter's annual dinner meeting. Communication was also maintained via BMC, and the President's Letters to the chapter presidents.

CHLA continues its close ties with OHLA.

Chapters were solicited for input into the draft of the Strategic Plan. Many of the suggestions have been incorporated into the Plan which will soon be available as a public document.

2.5 TERMS OF REFERENCE FOR THE BOARD

With the establishment of the Secretariat, terms of reference for Board positions have been revised in the Executive Manual. It is hoped that, with the Secretariat in place, members who may not be able to draw administrative support from their institutions, will be encouraged to run for office.

2.6 PUBLICITY/PUBLIC RELATIONS

J. Greenwood noted the concerted efforts of Hanna Waluzyniec as Publicity Director and expressed the Board's regret that Hanna has left the health sciences library field. Publicity packages were mailed to hospital administrators and the Canadian Health Record Association. A new brochure and stationery were also designed and distributed.

At its March meeting the Board approved the publication of a series of FACT sheets that would communicate new technological information to members and that would also serve as a public relations tool. The first FACT sheet on Telefacsimile, prepared by President-Elect Bill Maes, was distributed at the conference.

2.7 LIBRARIES WITHOUT WALLS: A BLUEPRINT FOR THE FUTURE

Feedback from the chapters was solicited and incorporated into the association response to the Flower Report. This response was published in BMC 9(4) and presented at the HSRC Advisory Committee meeting in April of this year. CHLA/ABSC is working with representatives of ACMC and HSRC in developing means to implement some of the Report's recommendations.

2.8 CHLA/ABSC POSITION STATEMENT ON TECHNOLOGY

The board recognizes the need for health libraries to provide, as far as possible, the most technologically current methods of accessing and providing information. The following position statement, ratified by the Board at its June 11, 1988 meeting, was presented and approved by the membership.

CHLA/ABSC endorses and encourages the full participation of its members and member organizations in the use and development of information technology as a means of enhancing the acquisition, organization, and dissemination of information in order to support as effectively and efficiently as possible the information needs of health care providers.

2.9 ADDITIONAL ITEMS

The President congratulated Anna Leith and Sheila Swanson on receiv-

ing Honorary Life memberships. Both recipients were present and personally thanked their colleagues.

There were no submissions for the 10th Anniversary Commemorative Award. Chapters were encouraged to apply next year.

The new MLA Liaison is Patrick Brennen.

J. Greenwood congratulated Frances Groen on behalf of the association for her election as President-Elect of the Medical Library Association.

3. **AIR CANADA DRAW**

President-Elect Bill Maes made the draw for a free return Air Canada ticket to any Canadian destination served by the airline. Barbara Saint was the winner.

4. **TREASURER'S REPORT**

The financial report for 1986-1987 was distributed. Treasurer Catherine Quinlan noted that she had met with auditor Ken Kimmerly to clarify the financial position of the association. The Treasurer intends to analyse spending patterns and to make more use of short term cash investments.

A projected budget for the coming year will be submitted to the President.

Items of expense this past year have included the purchase of a laser printer, the Secretariat, and support of the Task Force on Hospital Library Standards.

L. McFarlane questioned the auditor's comment that the conference books could not be fully audited. C. Quinlan responded that this is standard accounting terminology used when, as is the case for the conference books, the auditor has not received full documentation.

D. Crawford proposed that, since the financial statement is almost twelve months out of date, the association investigate moving the financial year. The motion was passed. (MSC: Crawford, Greenwood)

5. **NOMINATIONS AND ELECTIONS REPORT**

Past-President Dorothy Fitzgerald noted that six candidates were nominated and over two hundred ballots returned. Those who allowed their names to stand for office were thanked. Donna Dryden was acclaimed the Vice-President/President-Elect. Joanne Marshall and Johann Van Reenen were elected to the Board.

6. **CONTINUING EDUCATION REPORT**

CE Coordinator Ann Barrett noted the following education activities:

T. Flemming and D. Kent are working together to produce a Canadian health statistics course.

OHLA and CHLA/ABSC will mount five telemedicine programs. Details will be published in BMC.

A. Barrett has met with Terry Tomchyshyn of CLA. Preliminary discussions indicate that CLA is very interested in developing and/or presenting joint CE programs with CHLA/ABSC.

7. **BMC REPORT**

Editor Lynn Dunikowski noted that in the three issues published to date this year, 40% of the material has been original papers and 60% association business. Contributions from the membership are always welcomed. A two column format is now used and the new laser printer should improve the production

quality. David Crawford and Bruna Ceccolini of McGill were warmly thanked for their ongoing assistance with the printing and distribution of BMC.

Claire Callaghan is BMC Editor for 1988-89 and Linda Wilcox the Assistant Editor.

8. **HSRC ADVISORY COMMITTEE REPORT**

Donna Dryden reported that the Committee met twice in Ottawa (Sep 1987 and Apr 1988). Discussion focussed on the Flower Report and strategies to implement some of the recommendations.

9. **OHLA REPORT**

Christie Macmillan reported on the activities of the Association. Highlighted for the coming year was the second annual conference which will be held in Toronto in October. Its theme will be management strategies for small libraries. Details will be published in BMC.

10. **1989 CONFERENCE REPORT**

Conference Chair Susan Higgins urged all those present to plan to attend the 1989 conference which will be held in Ottawa May 28-31, 1989 at the Chateau Laurier Hotel.

11. **CHAPTER REPORTS**

Summaries of chapter activities were presented by the chapter Presidents or their designates. Full reports will be published in BMC 10(1).

12. **OTHER BUSINESS**

L. McFarlane asked about CHLA /ABSC involvement with proposed changes to the copyright and pornography legislation. J. Greenwood responded that the association can respond most effectively by giving support to other larger associations, such as CLA, that are publicly responding to the legislation.

13. **TRANSFER OF CHAIR**

Jan Greenwood thanked the Board members for their diligence, support and hard work, all of which made it possible for the President and the association to meet the challenges of the past year.

Incoming President Bill Maes thanked J. Greenwood on behalf of the Board and the association for all her very hard work over the past year. The new President stressed that, with the Presidency now based in Calgary and much of the association business and activity centred in Toronto, close communication and patient understanding will be required of all members in order for the association to remain strong.

The meeting adjourned at 3:45 p.m.

Respectfully submitted,

B. Brown, Secretary

TREASURER'S REPORT

Catherine Krause Quinlan

The Association's accounts were transferred from Calgary to St. John's in June, 1987. Unfortunately, a number of problems arose during this transfer of funds. These problems were exacerbated by the geographic distance as well as by the change in bank from the Bank of Montreal to the Bank of Nova Scotia. The assistance of the former Treasurer, Bill Maes, was invaluable in getting a number of matters resolved. The accounts were finally established in St. John's at the end of August; the co-operation and patience of those adversely affected during this changeover period was certainly appreciated.

As reported at the last AGM, the Association has appointed Mr. K. Kimmerly of the Ontario Medical Association as its auditor. I met with Mr. Kimmerly prior to the March Board meeting and had a very interesting and fruitful discussion with him concerning the Association's finances. We agreed that approximately \$10,000 of the Association's funds should be invested in

a mixture of short and long term notes as this arrangement would allow a better rate of return to be realized than is possible through a savings account. This received Board approval and, to date, \$5,000 has been invested in a 60-day GIC. The appropriate mix of longer term notes, blue chip stock options and Treasury Bills is now being investigated.

The Association has on hand approximately \$36,000 which, together with the membership fees and revenue generated by the 1988 conference, will form the operating base for the Association during the coming year. Projected expenses for 1988/89 include the Secretariat and BMC publication and printing, as well as the production of the Directory.

I have found my first year as Treasurer to be a most interesting - and busy! - one and know that my job has been eased considerably by the hard work and high standards of past Treasurers.

REPORT OF THE CHLA/ABSC CE COORDINATOR

1987 - 1988

Ann Barrett

CE PROGRAMS

TELECONFERENCE PROGRAMS

CHLA and OHLA have jointly organized a series of 5 teleconference programs to be presented through Telemedicine Canada. These programs, on a wide range of topics, will be presented throughout this coming fall and winter. Details of topics and times will be sent round to Chapters, and will be published in this and future issues of **BMC** (see p. 53 of this issue). We will be looking forward to member response to this new format for CHLA continuing education.

WORKSHOP ON CANADIAN HEALTH STATISTICS

A new workshop on Canadian Health Statistics is being designed and coordinated by CHLA members Tom Flemming and Diana Kent. This program is scheduled to be completed next spring and will be presented at the next CHLA annual conference in Ottawa.

WORKSHOP MANUAL

A CHLA Workshop Manual was compiled by the CE Coordinator and dis-

tributed to all Chapters. The manual is designed to assist Chapters in planning successful and 'worry free' CE programs at the local level. Suggestions of additional workshop tips from members are always welcome.

BMC CE COLUMN

The **BMC CE Column** has appeared in each issue of the **BMC** in the last year. Many thanks to this year's contributors. As always, new contributions and suggestions are welcome from all members.

CLA LIAISON

The CHLA CE Coordinator met with Terri Tomchyshyn, CLA Director of Professional Development. The possibility of future cooperative projects was discussed, most specifically in the area of the 'CLA travelling road show'. More indepth discussions will take place in the next year.

Finally, best wishes to the incoming CHLA CE Coordinator. My thanks to all members who have offered encouragement and help over the past two years.

REPORT OF THE PUBLIC RELATIONS COMMITTEE 1987 - 1988

Hanna Waluzyniec, Chair

During this past year CHLA/ABSC had concentrated on publicizing the association. In August 1987, a short article about the CHLA organization appeared in **Progress Notes**, the organ of the Canadian Health Record Association. Following its publication about twenty medical records staff wrote and got further information about CHLA.

In the fall, CHLA had a line of stationery designed to reflect its professional image. CHLA now has its name, address, and envoy printed on letterhead, envelopes, and scratchpads. Each CHLA member was sent a notepad which can serve as an easy publicity vehicle if used frequently within one's organization. The membership may wish to consider buying these notepads in bulk for future use, if they find that it is a good publicity tool.

The CHLA/ABSC brochure was completely rewritten and reprinted. It was translated into French and the new

version is completely bilingual.

A mass mailing was done to alert all hospital directors in Canada that an organization such as CHLA/ABSC existed and that its members could provide access to health information. Over 1500 individual and personalized letters were sent, including about 400 letters in French for Quebec. These were addressed to the Executive Director who was asked to pass along the information to whomever in the hospital was responsible for the library. The mailing included a CHLA scratchpad and the CHLA brochure. This campaign was quite successful in alerting several groups to the existence of CHLA!

As I leave the field of medical librarianship I am very proud to have been a part of CHLA/ABSC and at the same time I am very sad to leave behind such a wonderful group of colleagues. Good luck to you all!

REPORT OF THE EDITORS OF BIBLIOTHECA MEDICA CANADIANA

Lynn Dunikowski
Editor

Claire Callaghan
Assistant Editor

The current editors have published issues 9(2), 9(3), and 9(4) of **Bibliotheca Medica Canadiana**; 10(1) is in process and will be distributed in late July. Volume 9 contains 236 numbered pages in 4 issues, exclusive of the index. Of the 236 pages, 95 or 40% were original papers, the remainder being association business and regular features. Although the editors feel that this is an acceptable balance of material, finding original papers to publish is still an extremely time-consuming task. We hope that unsolicited contributions will increase as CHLA grows and increases its influence, and would like to take this opportunity to encourage all CHLA members to consider writing for publication. The editors thank all those who contributed to v. 9.

After considerable research by the editors into laser printers on the market, CHLA purchased an Okidata Laserline 6 printer in May 1988, at a cost of \$2700. The main advantage of the laser printer is that it vastly improves the quality of camera-ready copy that can be produced; it also is very quick and quiet. The Laserline 6 is now installed and working well, although many hours of set-up time were required. The printer has 15 resident fonts, and more can be purchased if required; these allow the editorial staff a good deal of flexibility in producing an attractive and professional-looking journal. If BMC editors do not require the printer, it will be available for the use of other CHLA personnel.

BMC v. 9 was composed using WordPerfect software and printed in 12-pitch Courier on the CHLA Epson FX 85. It is intended that camera-ready copy for v. 10 be printed in Times Roman on the

new laser printer. A two-column format was introduced with v. 9(2), with the aim of increasing BMC's readability, as well as giving the journal a more polished appearance. It is planned that this format will be continued in v. 10.

The \$3,000 allocated for the production of BMC has been spent as follows:

Part time help	\$	2175
Translation		180
Editor's travel		400
Sundry		245
Total	\$	3000

The editors thank the CHLA Board for allocating this money, without which the production of BMC in the current location would have been extremely difficult, if not impossible. There is no doubt that future editors, particularly those in smaller libraries, will also find these resources indispensable.

Claire Callaghan will assume her duties as Editor with v. 10(2). The Board has appointed Linda Wilcox, of Shared Library Services, Exeter, as Assistant Editor for BMC v. 10.

The editors gratefully acknowledge the continuing help of David Crawford and Bruna Ceccolini of the McGill Health Sciences Library with the printing arrangements and distribution of the journal; without their capable and good-humoured assistance, BMC would not reach its readers half so quickly or efficiently. Thanks to Tom Flemming, BMC's previous editor, for his encouragement and advice. Special thanks to David Le Sauvage, without whose expert and untiring help with software and hardware we cannot imagine this volume would have been possible.

ANNUAL REPORT OF CHLA REPRESENTATIVES ON THE HEALTH SCIENCES RESOURCE CENTRE ADVISORY COMMITTEE

June 1987 - May 1988

Donna M. Dryden

The Advisory Committee met twice since June 1987 -- September 17, 1987 and April 8, 1988. The suggestion that the Committee meet more than once per year was made by Elmer Smith, Director of CISTI in order to facilitate good contact between CISTI and the health sciences library community through the Advisory Committee.

The major topic of discussion this year was the Flower Report and the various responses to the Report by CISTI, CHLA, and ACMC. Following the April meeting, the Committee recommended to CHLA and SRCMSL that they jointly strike a committee to study interlibrary loans in the health sciences sector (based on Recommendation 3 of the Report). Other items that were raised included CISTI's policies on urgent interlibrary loan requests, telefacsimile, CD-ROM; updating of the General Biomedical Reference Tools-Canadian Supplement; publication of French MeSH; disbursement of the Health and Welfare Canada collection.

The current CHLA representatives on the Advisory Committee are: Donna Dryden, Deidre Green, and Colin Hoare. Two of the members, Donna and Colin, will be completing their terms at the end of 1988. Any CHLA member who may be interested in sitting on the Committee should contact Bill Maes or any member of the CHLA Board of Directors before the Fall meeting of the Board.

NORTHERN ALBERTA HEALTH LIBRARIES ASSOCIATION (NAHLA)

ANNUAL REPORT

Leslie Sutherland, President

On behalf of the membership of NAHLA, I respectfully submit to the CHLA/ABSC Board the following report of our organizations's activities for the 1987/1988 term. There were three general meetings and two social events held during this time, beginning with our summerfest in August followed by our regular fall meeting held on October 29. Highlights from that meeting included discussion of the Flower Report, news from HSRC, and activities of the CHLA/ABSC Task Force on Hospital Library Standards. The business portion of the meeting was followed by a demonstration of search software (BRS Colleague, Nursesearch, and Compact Cambridge CD-ROM Medline) by librarians from the John W. Scott Health Sciences Library. NAHLA was particularly pleased to see that a concern addressed at this meeting - that vacancies in hospital libraries in Edmonton be filled by qualified professionals - has been addressed. In addition, consensus was reached to increase our annual membership fees to \$5. The revenue generated by these funds will be used to purchase chapter stationery and other essential items. The year ended with our Christmas party in December.

On February 10th, members agreed to the executive's proposal to host the 1990 CHLA/ABSC Annual Conference. This was seen to be a challenging undertaking for NAHLA, given that our membership is small and is dispersed over a wide geographical area. Other highlights from that meeting included a lecture given by Denise Holmen, on the

proposed changes to the Copyright Act, and a tour of the University of Alberta Hospital School of Nursing Library. In view of the executive's interest in promoting continuing education programs for NAHLA, members were asked to submit ideas for workshops, lecturers etc. for the coming year.

At our annual meeting, held on May 10th, several changes to our existing by-laws were made, including splitting the position of Secretary/Treasurer into two separate roles, and approving that the Vice-President would automatically become the President the second year of term. The new executive for 88/89 were announced. They are:

President:
Leslie Sutherland
University of Alberta

Vice-President:
Peter Schoenberg
University of Alberta

Secretary:
Linda Slater
University of Alberta

Treasurer:
Julianna Zia
Camsell

Members also indicated that they were interested in having more guest lecturers attend our meetings, to discuss such topics as new software applications for health science libraries, budgeting for small hospital libraries, and access

to statistical literature. In addition, the new executive made plans to petition the Premier's Commission on Future Health Care of Albertans, in order to inform the Provincial Government of the importance of libraries to health care delivery in Alberta. An update of conference planning activities then ensued. So far we have the following officials in place:

Chairs:

S. Shores
K. McLaughlin

Site Coordinator:

L. Sutherland

Continuing Ed.:

J. Buckingham

Exhibits:

P. Schoenberg

The evening ended with a presentation given by two librarians, B. Bulat and Y. Brown, both from the Edmonton Public Library, on developing a collection to reflect consumer health education interests.

On June 3, a brainstorming session was held to generate ideas/themes for the 1990 conference. Attendance for this meeting was high, and plans are now underway to develop the support and many good ideas which resulted. In conclusion, NAHLA efforts have been directed at encouraging the interests of individual members through continuing education lectures this past year, and our goal is to increase member participation in future Association activities. We feel that this will be an exciting year for NAHLA, and for health science librarianship in general. Cheers!

SOUTHERN ALBERTA HEALTH LIBRARIES ASSOCIATION (SAHLA)

ANNUAL REPORT

Elizabeth Kirchner, President

1987/88 Executive:

President:

Elizabeth Kirchner
Calgary General Hospital Library

Vice President:

Elaine Glover
Rockyview Hospital

Secretary/Treasurer:

Ruth MacRae
Foothills Hospital

Educational Coordinator:

Andras K. Kirchner
Medical Library
University of Calgary

The SAHLA members elected a new executive in October 1987. The newly elected executive's first priority was to bring continuity to the association. For that reason, amendments to several articles in the bylaws were proposed and voted on later at the Annual General Meeting, held on May 2, 1988. As a result of the votes, starting October 1988, the officers will be elected for a two year term with the President serving as Past President during the second year, and the Vice President will serve as President during the second year of the term.

The Educational Coordinator's post was created to facilitate continuing education on a structured basis. Through a questionnaire, the Educational Coordinator gathered information on education programs preferred by the

members. Hence, the first workshop will be held in early September, on collection building and copyright.

The President initiated a membership drive in April 1988, and sent out letters to all hospitals in Southern Alberta. So far 13 percent responded by joining the association.

The Vice-President co-ordinated the activities on the revision of the hospital standards in collaboration with CHLA.

It was decided that an update to our "Union List of Serials of Calgary Area Hospital Libraries" will be done in October each year and a new edition will be published in January in the following year. Copies are free for participating libraries. Others may order it from: A. K. Kirchner, Medical Library, Health Sciences Centre, 3330 Hospital Drive, Calgary, Alberta, T2N 4N1.

Since October 1987, the SAHLA members have met on four occasions, including one General, one Annual General, and two Executive meetings.

The Association's goal for the year is three-fold: First: to be more visible and active on the health libraries field in southern Alberta and to provide continuing education opportunities. Second: to increase the number of its members through a membership drive. Third: to act as consultant to the small rural hospital libraries.

HEALTH LIBRARIES OF BRITISH COLUMBIA (HLABC)

ANNUAL REPORT

Margaret Price, President

After the excitement of the 1987 Vancouver conference, it was back to business as usual for the fifty-six members of the HLABC. We held four general meetings this year, including the annual general meeting in May 1988. Guest speakers were invited to address a variety of topics: the role of the psychologist at the Workers' Compensation Board, Canadian copyright, and recent advances in cardiovascular treatments.

In February 1988, twenty-four members attended an update to Jim Henderson's workshop on "Online reference in the Health Sciences", first presented at the 1987 Vancouver CHLA/ABSC conference.

A second edition of the HLABC Union List of Serials was published this year under the able direction of Nancy Forbes. Co-editors Pat Lysyk and Ann Nelson worked diligently to produce four issues of the HLABC Forum.

The 1988/89 Executive is:

President	Jim Henderson
Vice President	Joan Aufiero
Treasurer	Lenore Mason
Secretary	Deborah Newstead
Forum editors	Dan Heino
	Diana Kent

CENTRAL ONTARIO HEALTH LIBRARIES ASSOCIATION (COHLA)

ANNUAL REPORT

Jean Cornett, President

During the past year, the Central Ontario Health Libraries Association met in October 1987 and May 1988.

The October meeting was held at St. Joseph's General Hospital in Peterborough, with Betty Bishop presiding. As a result, election scheduling changes were made to the constitution, the union list will be updated, member input regarding an annual membership fee and ideas for a COHLA Newsletter were sought.

The May 1988 meeting held at the Ross Memorial Hospital in Lindsay was well attended. The 2nd edition of the Union List of Periodicals was distributed. An interlibrary loan policy of free borrowing to members from the Union List was established.

A motion to institute an annual membership fee of \$10.00 was approved. Membership benefits will include 2 meetings/year, all mailings, information on CHLA, and participation in the Union List.

Our guest speaker, Susan Hendricks, spoke on "Pay Equity and Job Descriptions: An Overview" and briefly, on "Producing a Newsletter". A committee was formed to produce a Newsletter with our first issue scheduled for late August, 1988.

Between meetings Chapter members were kept current on CHLA activities through periodic mailings. In addition, nominations and elections for the 1988 executive took place.

The executive are:

President:

Jean Cornett
Learning Resource Centre
Georgian College of A.A.&T., Orillia

Secretary:

Maureen Maguire
Huron Regional Centre, Orillia

KINGSTON AREA HEALTH LIBRARIES ASSOCIATION (KAHLA)

ANNUAL REPORT

Jane Law, President

During the past year, a number of issues have been addressed by the Kingston Area Health Libraries Association.

At the request of the Nurses' Committee of the Kingston Health Sciences Complex, the Association offered a series of recommendations on the production and maintenance of a union list of health sciences audiovisual materials available in the Kingston area. The major recommendations included the hiring of a professional librarian to undertake the task of the initial development of the project and the use of appropriate software to produce and maintain the database. Detailed information will be provided on each item, and access to the material will be available through subject, title, media and location listings. Funding for the project is currently being sought by the Nurses' Committee.

Local resource sharing efforts and cost effective use of local and regional collections continues to be a high priority. To this end, a range of library tools and services are being utilized. Two such tools, the **Union List of Consumer Health Books in Kingston Libraries** and the **Title Guide to Medical Serials in Kingston** will be updated in the summer of 1988. Coverage of the **Title Guide** will be extended to include the holdings of the Family Medicine Centre and the Public Health Unit, bringing the total number of libraries represented to fourteen. In addition,

the Queen's University Library System's new online catalogue "Qline" became available this spring, through the university's mainframe, to all KAHLA members and library users with access to a microcomputer equipped with a modem. The switch to the NOTIS system allows for much faster retrieval as well as the use of sophisticated search techniques.

At the last meeting, held in February, a presentation was given by Suzanne Maranda on the Bracken Library's end-user training programme and short course on personal reference management. Mention was also made of the plans to incorporate these courses into the curriculum as part of a total information literacy package.

Members reported on and discussed a variety of subjects from staff changes and budgetary concerns to the success of the teleconferences for hospital libraries and the issues addressed by the Flower report, **Libraries Without Walls**. Elections for a new executive will take place at the next meeting, at which time the results will be forwarded to the CHLA executive.

Throughout the year, the Association has provided a forum for members to keep abreast of new initiatives, and to communicate the issues and concerns confronting those involved in the provision of information services. We fully expect the coming year to be as busy and productive as the last.

LONDON AREA HEALTH LIBRARIES ASSOCIATION

ANNUAL REPORT

Jean Heriot, President

1987-88 Executive:

President:

Jean Heriot

Past-President:

Louise Lin

President Elect/Secretary:

Linda Wilcox

1987-88 Activities:

In April 1987, after approving a new Constitution, LAHLA voted to apply to become a chapter of the Canadian Health Libraries Association. Our application was accepted by the CHLA Board in May, and we held our first meeting as a chapter in October. We concluded our activities for 1987 with a Christmas dinner, held at a London restaurant.

At the April 1988 meeting, we were delighted to have Jan Greenwood attend as our Guest Speaker. Judging by the feedback I have received from various members, her visit was the highlight of the year.

At present, we have a membership of 33 individuals, drawn mainly from area hospital libraries, and the university library. We are all looking forward to our continued involvement in the Canadian Health Libraries Association.

MANITOBA HEALTH LIBRARIES ASSOCIATION

ANNUAL REPORT

Judy Inglis, President

1987/88 Executive Committee:

President:

Judy Inglis

Vice-President/President-Elect:

Susan Rogers

Secretary:

Arthur Short

Treasurer:

Bev Brown

The Manitoba Health Libraries Association began its second decade of operation with a very active and productive year, with a focus on reviewing past activities and planning for future development. An analysis of the Association's finances has resulted in a proposal to increase membership fees in the new fiscal year to ensure that we continue to maintain a balanced budget in the face of recent increases in operating costs. A continuing education survey has provided the feedback necessary to plan and develop programming that is responsive to the needs of the membership, and a trial Telemedicine Canada teleconference examined the suitability of this particular technology in fulfilling some of these needs. The MHLA also formalized a longstanding relationship with the Manitoba Health Organizations by becoming an associate member, and prepared the "Health Librarian/Library Technician" career brochure for inclusion in the MHO's "Health Careers" package. Executive members spent considerable

time revising and updating the procedure manuals for each position, and assisting the CHLA with the review of its strategic planning document. The Association has also been active in investigating the practice of "customizing" journal publishing, forwarding its concerns in this regard to the publishers involved and to CHLA.

This has been a particularly demanding year for some of the MHLA committees. The Union List of Selected Serials Committee conducted an in-depth review of the procedures and costs currently involved in the production of the list and recommended to the membership that we turn production over to McAinsh. This recommendation was approved at the Winter Meeting in February of this year and the planning necessary for a smooth transition is currently underway. The Publications Committee made use of desktop publishing to produce our new membership brochure, providing us with a polished product that can be readily updated. This committee also revised and updated the orientation package for new members. The MHLA again participated in the Manitoba Health Organizations annual conference, sponsoring a session entitled "Coping with Copyright - Changing Laws, Changing Technologies". This proved very successful, drawing the largest number of registrants we have ever had. Next year's session on quality assurance is currently in the planning stages and will no doubt prove equally popular. While the majority of MHLA Committees remain active, the Current Awareness

Committee is currently on the "endangered" list due to lack of members, and its continued viability is presently under investigation.

Three meetings were scheduled in 1987/88. The Fall meeting was hosted by the Health Sciences Centre and featured small group discussions which provided useful opportunities for problem sharing and solving. The Winter meeting was held at Seven Oaks General Hospital on April 27th and will include a discussion of pay equity. The spring meeting will also provide us with the opportunity to recognize the contributions of two of our founding members, Doris Pritchard and Eleanor Kamyszek by granting them Honorary Life Memberships.

Membership in the Association rose to 75 in 1987/88, an increase of four members over 1986/87.

Nominations for the 1988/89 executive have been held with Barbara Carstens being elected Vice-President /President Elect by acclamation. Elections are being held for the positions of Treasurer and Secretary.

The past year has been both a challenging and a rewarding one for me. My thanks to the members of the MHLA Executive and committees for their unflagging energy, enthusiasm and commitment.

MARITIMES HEALTH LIBRARIES ASSOCIATION (MHLA/ABSM)

ANNUAL REPORT

Penny Logan, President

The Maritimes Health Libraries Association/Association des bibliothèques de la santé des Maritimes (MHLA/ABSM), had a very successful year. In November, three New Brunswick members, Anne Kilfoil, Susan Libby and Kathy Smith held a workshop entitled "How to get what you want" for library workers from around the province. Supported by the New Brunswick Hospital Association, the workshop was so successful that plans are underway for a similar workshop to be given in French by Marthe Brideau.

Chris Toplack was instrumental in organizing a logo contest for MHLA/ABSM. The results are now displayed on T-shirts and will form the basis for a new "visual identity" for promotional material for our group.

A provincial Royal Commission on Health Care Costs held hearings in the Spring of 1988. Through much co-operation and input from the Nova Scotia members of MHLA/ABSM, a brief was presented outlining cost savings and benefits of hospital libraries and suggestions for standardization of health libraries province-wide. We have been asked to report back to the Royal Commission in the fall of 1988 detailing costs for a provincial hospital library system. We feel that there are several library supporters among the Commis-

sioners and are optimistic that future plans for health care in Nova Scotia will include library support.

Our greatest energies this year went into planning for the CHLA/ABSC Conference '88 held in Halifax, June 12-15. Ann Manning was Conference Chair and is to be commended for an efficiently run operation and a successful conference.

Our executive has undergone some changes since I have accepted a position with the Halifax County Regional Library System, and am stepping down as President of MHLA/ABSM effective July 8, 1988.

The executive for MHLA/ABSM for 1988-89 is:

President:
Ann Barrett

Vice President:
- to be elected

Secretary:
Tim Ruggles

Treasurer:
Sam King

Past President:
Christina Toplack

MONTREAL HEALTH LIBRARIES ASSOCIATION ANNUAL REPORT

Janet Joyce, President

President:

Janet Joyce, Royal Victoria Hospital
Medical Library

Vice-President, President-Elect:

Diane Boisvert, Sandoz Canada Inc.

Past-President:

Claire Kelly, Merck Frosst Canada
Inc.

Secretary:

Joanne Baird, Montreal Children's
Hospital

Treasurer:

Barbara Covington, Montreal General
Hospital, Nurses' Library

The Montreal Health Libraries Association held three general meetings and five executive meetings in 1987/88. After some false starts, during which a programme in Strategic Marketing for Health Science Libraries in October and a party in December had to be cancelled, the year got underway with a well-attended wine and cheese/business meeting in March.

A successful programme, Computers in Libraries, was held in April. Norah Stamboulieh of the Montreal General Hospital, DSC presented an overview of automation in libraries in French. Darlene Canning, of the McGill Graduate School of Library and Information Studies, discussed communications software packages. A representative from Trellisys Software Corporation demonstrated the LMS Plus integrated library system.

In May we held our annual dinner meeting at Le Caveau Restaurant and Jan Greenwood spoke on the persona of the physician in selected 18th and 19th

century works of fiction.

The second edition of our very successful Union List of Serials in Montreal Health Libraries will be published in August 1988. Fifty-six libraries have participated. Committee Chairman is Arlene Greenberg.

The MHLA/QLA Consumer Health Interest Group has been revived. Its mandate is to provide information service to clients for the new nursing Health Resource Centre in the Westmount branch of CLSC metro. Membership includes two MHLA librarians-Wendy Patrick of McGill Nursing/Social Work Library and Norah Stamboulieh of Montreal General Hospital, DSC.

Membership of the MHLA is currently 48. One of the main objectives for 1988/89 is to increase the participation of francophone members by offering bilingual programmes.

Officers for 1988/89 are:

President:

Diane Boisvert, Sandoz Canada Inc.

Vice-President, President-Elect:

Sheindel Bresinger, Maimonides
Hospital

Past-President:

Janet Joyce, Royal Victoria Hospital
Medical Library

Secretary:

Anca Cojocaru, Hopital Marie-Enfant

Treasurer:

Barbara Covington, Montreal
General Hospital, Nurses' Library

NORTHWESTERN ONTARIO HEALTH LIBRARIES ASSOCIATION

ANNUAL REPORT

Carol Schmaltz, Coordinator

The Northwestern Ontario Health Libraries Association - NOHLA has recently been accepted as the thirteenth chapter of the Canadian Health Libraries Association, CHLA/ABSC. Terms of office are for one year. Carol Schmaltz - McKellar General Hospital was elected Coordinator and Barbara Murray-Thunder Bay District Health Unit elected as Secretary. There are ten health science libraries in the Thunder Bay area that participate in NOHLA.

Meetings are held twice annually, in the Spring and the Fall. Additional meetings are held as deemed necessary by the Executive. The main focus of the year's meetings was on the development of NOHLA's Constitution and the approval of it at the CHLA/ABSC Board Meeting. Other activities included the sharing of Telemedicine Conferences. As well as being cost effective, this proved to be an excellent tool for the educational development of the members.

An informal medical library network has been in existence in Thunder Bay since the early seventies. Its beginnings were closely associated with the Northern Ontario Medical Programme-NOMP funded by McMaster University. The Northern Ontario Medical Programme's base site was McKellar General Hospital and it wasn't until 1984 that it was relocated to Lakehead University. The NOMP Librarian played an important role in the network, providing assistance in areas such as collection development, cataloguing, and reference questions. It soon became apparent to all involved the need for and importance of resource sharing.

Becoming a Chapter of the CHLA/ABSC has enabled NOHLA to become an acknowledged networking system necessary to the co-operative resource sharing and collection development of health science libraries in Northwestern Ontario.

OTTAWA/HULL HEALTH LIBRARIES ASSOCIATION

ANNUAL REPORT

Susan Higgins, President

1987/88 Executive:

President:

Susan Higgins
Disease Control Libraries
Health Protection Branch
Health and Welfare

Secretary-Treasurer:

Vacant

Program Coordinator:

Doris Foster
Vanier Library
Health Protection Branch
Health and Welfare

1987/88 Program:

1. October 15, 1987.

National Defence Medical Centre
Our first meeting of the year was a joint meeting with the OHA Region #9 Hospital Libraries Group. The guest speaker was Betty Garland, of the Health Services and Promotion Branch /Medical Services Branch Library of Health and Welfare, who discussed the current state of library operations in Health and Welfare and the prospects for the future.

2. January 21, 1988.

Ottawa Civic Hospital
This meeting was the first under the chapter's new name of Ottawa/Hull Health Libraries Association (changed from Group). The name change was made to be more consistent with other chapters. A panel discussion on the care of elderly followed the business meeting. A team of workers from the Geriatric

Assessment Unit of the Ottawa Civic Hospital explained their role in meeting the health care needs of the elderly in Ottawa.

3. April 27, 1988.

Canadian Red Cross Society

The association members were treated to a tour of the new national facility of the Canadian Red Cross Society. The library was a highlight of the tour and Leslie Wake and Maria Belanger were envied by all for their beautiful space.

1988/89 Executive:

Susan Higgins will return in 1988/89 as president; Robin Nagy of Health Services and Promotion Branch Library, Health and Welfare and Leslie Wake of the Canadian Red Cross will fill the existing 2 positions on the executive.

CHLA 89

Ottawa is hosting the CHLA Conference in May 1989. We have been busy since last July making plans to accommodate the needs of the membership. The conference will be held at the charming Chateau Laurier and the theme will be "Capital Investments". May in Ottawa is a beautiful time of year, and the tulips should still be in bloom.

The conference has generated a renewed interest in association activities and our membership has grown this year. 1988/89 will be a busy year for us but we hope that the outcome next May will be enjoyed by all.

TORONTO HEALTH LIBRARIES' ASSOCIATION ANNUAL REPORT

Mary Boite, President

THLA members feasted on a variety of subjects during the five general members' meetings in 1987/88. In October Ruben Benmergui from the Oshawa General Hospital spoke on Pay Equity: What it means and how it affects you. The February meeting was a CE course given by library consultant Sue Gillespie on Library Workload Measurement; it was so successful that we plan to continue this type of offering and hope to include at least one CE workshop each year. Disaster Contingency Planning for libraries was presented in March by Karen Turko, Preservation Services, University of Toronto Libraries and Deidre Green, Director of the library at the Hospital for Sick Children in Toronto (who spoke from personal experience of disaster).

Members also enjoyed the Christmas Party and the Annual General Meeting and dinner in May with Elena Jankowicz, President of The Etiquette Institute of Canada, speaking on professional and public protocol.

We are trying to foster closer ties with our interest/affiliated groups and for the first time will hold joint planning meetings during the summer to better coordinate and publicize the programs of THLA, the Microcomputer Group and the Disability Resource Library Network. The Quality Assurance Group re-convened to study and make recommendations to the CHLA Task Force on Library Standards.

The THLA Union List was not revised this spring. A Committee on the Union List chaired by Elizabeth Reid was established and is meeting over the next few months to produce recommen-

dations on revising a new edition.

The executive elected at the May AGM is:

President:	Tsai-o Wong
President-Elect:	Susan Murray
Secretary:	Linda Devore
Treasurer:	Ken Ladd
Past-President:	Mary Boite
Editor, THLA News:	Anne Kubjas

The Editorial Team consists of Marjory Morphy, Associate Editor and Bonnie Brownstein, Assistant Editor.

The upcoming year we hope will be active and interesting. Planning for the year's programs should be made easier by the survey on membership needs produced and circulated by Tsai-o Wong this past year. Members sent new ideas for programs and the Past-President has been designated CE liaison with CHLA. We are also considering incorporating more programs on technology into the year rather than continuing a separate Interest Group on Microcomputers.

On a final note: THLA is pleased that a long-time member of both our association and CHLA, Sheila Swanson, was recently awarded Honourary Life Membership in CHLA. Her contributions to her profession, her professional associations and her colleagues are many. Congratulations also to Joanne Marshall on her election to the CHLA Board. Onward and upward!

WINDSOR AREA HEALTH LIBRARIANS ASSOCIATION (WAHLA)

ANNUAL REPORT

T. Janik, Coordinator

A. Henshaw, Secretary-Treasurer

- 1) The Windsor Area Health Librarians met as a group four times this year, each meeting including a programme of education with one or more guest speakers. The June meeting on the 24th will be a dinner meeting.
- 2) Conferences: Members continue to report to WAHLA on conferences they have attended. This year, our members attended the OHLA-OHA annual meeting and educational conference this spring, the quarterly meetings of the Metropolitan Detroit Group, and the London meetings.
- 3) Ongoing projects: WAHLA union list has been updated recently and distributed. Other projects include the Repository Journal Agreement, the Interlibrary Loan Agreement with the Detroit Group and updating Grace and Hotel Dieu's library holdings on OCLC in the Michigan State Union List.
- 4) The WAHLA newsletter continues to inform members about conferences, association business and articles of interest.
- 5) WAHLA Constitution and By-Laws were revised July 1987.
- 6) Education:
 - * Telemedicine - Workload Management
 - * Meetings hosted by Occupational Health and Safety Information Centre - Tour of Facilities and demonstration of their online services
 - * Don Tupling of University of Windsor - User Friendly LUIS-Library User Information System
 - * CE 310 Drug and Pharmaceutical Resources - Bonnie Snow - April 22, 1988.
 - * Paul Ward - McAinsh & Co.-Vendor Resources as External Resources for the library
 - * Pam Richards - University Microfilms - Uses and benefits of microforms in the hospital library
- 7) Publications - "CE on a shoestring" - BMC 1987;9(1):68.
- 8) Conferences Planned: Spring 1989 CE course. Topic and date to be scheduled after June 1988 meeting.

ONTARIO HOSPITAL LIBRARIES ASSOCIATION (OHLA) ANNUAL REPORT

Christie Macmillan, President

On behalf of the membership of the Ontario Hospital Libraries Association, I am pleased to submit our second Annual Report as an affiliated association with CHLA.

A review of the year's activities confirms continuing membership enthusiasm and support for achieving several important goals.

First, to promote hospital librarianship within the Ontario Hospital Association, OHLA's second Annual Conference was held at the OHA's Annual Convention in November, 1987. This was well-attended and, as a new OHA Section, was a politically important debut, one that provided a long-overdue visibility. The day's theme was Management Strategies for Small Libraries, presented by consultant and author, Guy St. Clair, of New York City. Mr. St. Clair's summary of the session was later published in CHLA's BMC (Volume 9, number 3).

At the Annual General Meeting, the 1988 OHLA Executive was announced:

- Past President:
Margaret Taylor, Ottawa
- President:
Christie Macmillan, Orillia
- President Elect:
Susan Gillespie, London
- Secretary:
Kathy You, Sault Ste. Marie
- Treasurer:
Pat Hutchison, Ottawa

Continuing appointments included Susan Hendricks of Oshawa as Editor of the OHLA Newsline and John Tagg of Toronto as the OHA Liaison. Subsequently appointed were Dora McPherson of London as the Education Committee Chair and Mary Conchelos of Peterborough as Assistant Editor, OHLA Newsline.

Another goal of the Association is to provide relevant continuing education programs, particularly for library personnel in small hospitals. To this end, the Annual Conference was preceded by a one-day workshop on Basic Budgeting. To reach the more remote hospital libraries, teleconferences specifically designed by OHLA for library personnel were offered for the first time. A successful series of four lectures through Telemedicine Canada was moderated by Jennifer Bayne of the Toronto General Hospital over the winter and spring and had a wide subscription in and out of province. Also offered in the winter were two lectures through the Northern Ontario Teleconference Network. An additional Continuing Education activity was the second Annual OHLA/OHA Seminar for Hospital Librarians held in April, 1988, at the OHA. This workshop addressed Pay Equity and Job Descriptions, a current issue of concern to Ontario librarians.

A third Association goal is to foster communication among OHLA members. This year, the Association's newsletter, the OHLA Newsline, became a quarterly publication, with input from twelve regional representatives. OHLA networking was further supported by the issue of the Annual Membership Directory.

To support librarianship within hospitals, two Ad Hoc Committees were struck. The Salary Survey Committee, pleased with a questionnaire response of over 50%, is currently tabulating the results for membership use. Also, the OHLA Committee for Review of the CHLA Hospital Library Standards Draft developed a submission for the CHLA Task Force.

Other objectives for 1988 identified by the Executive included:

1. Enhancing the profile of the library profession within the OHA through information sharing with its Education and Professional Services.
2. Informing the membership of pertinent legislation. The theme for the October 1988 Annual Conference in Toronto is Thin Ice: Avoiding the Ethical and Legal Hazards of Providing Medical Information. Also, an Ad Hoc Committee on Pay Equity is currently being formed to monitor its implementation and provide membership support.
3. Initiating a membership campaign through personal contact with potential members by OHLA's regional representatives and the development of an Association brochure for distribution.
4. Tailoring Continuing Education programs to the various needs of MHLA members by offering both basic and advanced programs. Confirmed for the 1988 Annual Conference CE programs are a Basic Cataloguing course and a Career Self-Management Strategies workshop. Also, the first joint CE course with CHLA, that is, a second Telemedicine Canada lecture series, has been slated for the fall.

This sharing represents, I believe, the spirit of cooperation that has developed between our two associations. It is a relationship that the OHLA Executive and membership value for the challenges ahead.

CONTINUING EDUCATION

1987/88 MEDLARS UPDATE

Mary-Lou Veeken

Biomedical Information Specialist
Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
Ottawa, Ontario

The latter half of 1987 and early 1988 saw several changes in MEDLARS software and database organization. The new features and file regenerations resulted in welcome enhancements to the system access capabilities. To provide an update to users of the system, a summary of the more consequential modifications follows.

A. MEDLINE Backfiles

In December 1987, at the time of the annual system updates, the National Library of Medicine reconfigured the MEDLINE backfiles. The former MED71 file was split and MED75 eliminated, resulting in one fewer backfile to search. MEDLINE and its related files are now aligned as indicated below.

MEDLINE	1986 - pres.	650,000 records
MED83	1983 - 1985	888,000 records
MED80	1980 - 1982	803,000 records
MED77	1977 - 1979	775,000 records
MED72	1972 - 1976	1,175,000 records
MED66	1966 - 1971	1,310,000 records

Furthermore, the backfiles were reorganized in March of 1988 so that, for the time being at least, the publication dates of all citations conform to the file in which the record is found. Of course, as previously missing issues are indexed and gaps filled, this date correlation will go out of synch.

An additional bonus to MEDLINE files was the introduction in April 1988 of semi-monthly updates. Although SDI-

LINE updates will continue to be made on a monthly basis, the first two weeks' data will be available earlier in MEDLINE.

B. Select List

Introduced in November 1987, the new SELECT LIST feature has proven to be even more powerful than expected. The neighbour command (abbreviated NBR) used to browse the index of a file now generates a SELECT LIST. This consists of a SELECT # (the line number of the displayed terms), the POSTINGS for that file and the TERMS found in the index around the requested entry.

e.g.:

SS 1 /C?

USER:

nbr nutr rev (ta)

PROG:

SELECT #	POSTINGS	TERM
1	86	NUTR CANCER
2	41	NUTR HEALTH
3	230	NUTR REV
4	47	NY J DENT
5	150	NY STATE DENT J

UP N OR DOWN N OR ENTER
A SELECT COMMAND

USER:

From this point, one may decide to browse further up or down in the index by entering UP N (where N is the number of terms one wishes to see above

the first item, up to a maximum of 10 terms) or N to see the next N terms below the last item. On the other hand, to go on to search, one needs simply to enter the search term -- it is no longer necessary to respond to the system query (UP N OR DOWN ...) before searching.

So what makes the feature so wonderful? This next part demonstrates the convincing factor. Associated with the LIST is a new SELECT command and several relatives. To continue the example above, at the USER: prompt the SELECT command could initiate a variety of strategies.

e.g. (a) USER:
sel 3
PROG:
SS (1) PSTG (230)

i.e. without having to re-type the desired term, just SElecting the line number retrieves the 230 PSTGs =

(b) USER:
sel 1-3
PROG:
SS (2) PSTG (357)

i.e. SEL several index terms at once, separated by a space or comma or a hyphen to indicate a range; implied OR operates among terms

(c) USER:
sel 1-3 and anorexia nervosa
PROG:
SS (3) PSTG (1)

i.e. SEL command may be combined with regular searching techniques

The SELECT LIST cumulates up to 140 terms. A very handy aspect of the LIST is that it is retained when switching from database to database. In our example, changing to FILE MED83 and typing SEL 3 would retrieve all 1983-85 articles indexed from Nutrition

Review. When the 140 limit is attained, subsequent NBR commands will overwrite the top-most items in the list, unless one of the following commands is issued.

LISTSELECT (LISTSEL): - displays the list of SELECT #s and TERMS created by NBR commands.

LISTSEL #,#-#: - displays specified entries from the Select List; separate numbers by a comma or space, hyphen indicates range

KEEPSELECT (KEEPSEL): - displays the total number of terms stored in the Select List

KEEPSEL #,#-#: - keeps the specified entries in the Select List; separate numbers by a comma or space, hyphen indicates range

PURGESELECT (PURGESEL): - erases the entire Select List

C. Print Command

In November 1987, enhancements to the print command feature resulted in a much-improved ability to print selected citations. The new format eliminates the need for the cumbersome "SKIP" function. Examples of the changes follow.

prt -3 prints the third citation (The hyphen distinguishes this from PRT 3 which would display the first three citations; leading hyphen required only when requesting a single citation.)

prt 1,3,6 prints the first, third and sixth citations; could also be entered with spaces, i.e. PRT 1 3 6

prt 4,10-12 prints the fourth, tenth, eleventh and twelfth citations; hyphen indicates a range

Selecting the references by number can be used with any pre-set print command (PRT, PRT AR, PRT FU, PRT DL, PRT BR) as well as with tailored print commands, online or offline.

D. Execution of STORESEARCHes Online

Since Autumn 1987 it has been possible to use STORESEARCHes online. The advantages of this extend beyond the ability to run a missed AutoSDI or an SDI against a file on which Auto SDI service is not available. STORESEARCHes have no space limitations (which SAVE and SAVESEARCHes do); therefore, several lengthy searches may be kept. In this way many SAVE and SAVESEARCH functions can now be achieved with STORESEARCHes.

As a caution when using STORESEARCH, be aware that the storing process occurs overnight and so the STORESEARCH does not become available for use until the following day. Similarly, removal of a STORESEARCH is accomplished overnight. A list of STORESEARCHes cannot be obtained online, although HSRC can request this information from NLM on your behalf.

E. TOXLINE/TOXLIT Regeneration

In August 1987 TOXLINE and TOXBACK files were reorganized to collect all the non-royalty subfiles into one file (TOXLINE), and all the royalty-based subfiles into another (TOXLIT and TOXLIT65). As a result of this, the cost of searching for toxicology literature has been substantially reduced. To search most efficiently, one can now set up a strategy in TOXLINE, make any necessary modifications, and then run the search against TOXLIT.

F. RTECS on TOXNET

The long-awaited move of RTECS to TOXNET finally took place in the first week of December. The Registry of Toxic Effects of Chemical Substances (RTECS) database was transferred from ELHILL software to the TOXNET software with corresponding changes to the file structure, search capabilities and prices. An overview of the new search features appeared in the **NLM Technical Bulletin** (No. 224, December 1987). The NLM also published a revised TOXNET pocket card in May 1988 reflecting the changes.

G. Expanded TOXNET Gateway

Last year a one-way TOXNET-ELHILL gateway was introduced whereby one could sign on to TOXNET and later transfer to an ELHILL database without having to sign off TOXNET first. Then in February 1988 a second interface was added. Now it is possible to switch back and forth between TOXNET and ELHILL (having logged on to TOXNET first) simply by issuing the usual FILE command. The password for the User ID must be the same in both ELHILL and TOXNET. A detailed example of a search session employing the two-way gateway appeared in the February **Technical Bulletin**.

H. GRATEFUL MED

Just as users were settling nicely into using GRATEFUL MED Version 2.0, NLM released Version 3.0 in January of 1988. The greatest advantage of the latest version is its ability to search several files in addition to MEDLINE and the BACKFILES. New menus provide user-friendly access to AVLINE, CANCERLIT, HEALTH, TOXLINE, TOXLIT/TOXLIT65, CHEMLINE AND DIRLINE. The MeSH disk now contains the 1988 vocabulary. The installation procedures have been simplified;

however, Canadian users still require the special instructions to set up access through DATAPAC in Canada. NLM has plans to release Version 4.0 and a Macintosh version of GRATEFUL MED around the beginning of 1989.

For Further Information

Details about the recent system changes can be found in the **NLM Technical Bulletin** "MEDLARS Update Special Issue" (March 1988) Supplement No. 1, as well as in several issues published between July 1987 and April 1988. The online NEWS feature provides the most up-to-date information and is usually available before the distribution of printed documentation.

A completely revised edition of the **Online Services Reference Manual** can now be ordered through the National Technical Information Service (Order Number PB88-156252/GBB, \$55.00 US). Along with the new MeSH and recently updated MEDLINE and TOXNET pocket cards (available on request from HSRC), the manual documents the current attributes of the MEDLARS databases.

Additional information on the above features and any other questions pertaining to MEDLARS in Canada may be addressed to:

Health Sciences Resource Centre
CISTI
National Research Council Canada
Ottawa, Ontario
K1A 0S2
Telephone (613) 993-1604

LIBRARIES WITHOUT WALLS: BLUEPRINT FOR THE FUTURE

Report of a Survey of Health Science Library Collections and Services in Canada

CISTI's Response

INTRODUCTION

The report, "Libraries without walls: Blueprint for the future," was received by the Director of the Canada Institute for Scientific and Technical Information in April 1987. This report, authored by Mrs. M.A. Flower and endorsed by the ACMC/CHLA Project Committee, is an important document for the entire health sciences information community. We thank the Project Committee for promoting the study and congratulate the Committee members, Mrs. M.A. Flower in particular, for delivering such an excellent, timely report.

CISTI has studied the report in depth and special attention is paid to the recommendations outlined in the Flower report. While CISTI recognizes that all the recommendations presented are valid, it is in a position to respond only to the recommendations that are within CISTI's mandate.

RESPONSE TO THE RECOMMENDATIONS

Recommendation:

As a matter of urgency, a task force on harnessing technology for health sciences information should be established.

Response:

CISTI recognizes the full significance of technology and its impact on information management. However,

technology is an ongoing driving force for the information and library world. It is developing so fast and the scope is so large that sufficient resources could not realistically be allocated for a task force that will eventually "lead to the design of a truly interactive system spanning the country."

The report expresses some truly valid concerns regarding the harnessing of technology. Rather than leading a task force, CISTI will assume responsibility in the following areas:

- a) Set up a depository of evaluation reports on turnkey systems, interactive systems, intelligent network and microcomputer software, specific to the health sciences community. The depository would consist of automation reports submitted by the health sciences librarians. To be of greatest benefit to the community Canadian health sciences libraries are encouraged to contribute to the collection.
- b) With this collection, CISTI will establish an Automation Referral Registry that will provide libraries with information concerning pertinent automation projects.
- c) To keep health sciences libraries up-to-date on the latest technological innovations, HSRC will incorporate an article on "technology highlights" in the regular HSRC column that appears in CISTI News, BMC, and Nouvelles ASTED.

Recommendation:

A joint SRCMLS/CHLA committee should be established to study inter-library loans in the health sciences section, and to make recommendations on a) ways to manage the volume; b) ways to rationalize costs; and c) ways to improve delivery time.

Response:

As a major supplier of documents, CISTI will add its support to this recommendation by participating in the joint committee.

Recommendation:

It is recommended that the Health Sciences Resource Centre at CISTI be maintained and strengthened.

Response:

- a) CISTI is fortunate in having Maureen Wong as the new Head of HSRC. Ms. Wong has extensive experience in both the health sciences community and CISTI. She will bring her knowledge of technology and online systems to HSRC.
- b) A guest worker arrangement may be possible between CISTI and an experienced health sciences librarian. Projects for the guest worker would focus on areas of concern to the community and CISTI.
- c) Research contracts with other libraries would be possible but only within available resources. Co-operative efforts again would need to focus on projects of priority to the health sciences community and CISTI.

BIBLIOTHEQUES SANS FRONTIERES : PROJET D'AVENIR

Rapport d'une enquête sur les collections et les services des bibliothèques de la santé au Canada

Réponse de l'ICIST

INTRODUCTION

Le directeur de l'Institut canadien de l'information scientifique et technique a reçu le rapport intitulé, "**Bibliothèques sans frontières : projet d'avenir**", en avril 1987. Rédigé par Mme M.A. Flower et endossé par le Comité de projet de l'AFMC et de l'ABSC, ce rapport constitue un important document pour le secteur de l'information en sciences de la santé. Nous remercions et félicitons les membres du Comité de projet d'avoir accepté de piloter cette enquête, tout particulièrement Mme. M.A. Flower, dont le rapport est aussi excellent qu'opportun.

L'ICIST a étudié le rapport en profondeur et a accordé une attention spéciale aux recommandations proposées. Bien que l'ICIST reconnaisse le bien fondé de toutes les recommandations, il ne peut répondre qu'à celles s'inscrivant dans le cadre de son mandat.

REPONSE AUX RECOMMANDATIONS

Recommandation:

Il est urgent qu'un groupe de travail chargé d'appliquer la technologie à la diffusion de l'information dans le domaine des sciences de la santé soit mis sur pied.

Réponse:

L'ICIST reconnaît toute l'importance de la technologie et ses effets sur la gestion de l'information. La technologie

constitue une dynamique dans le milieu de l'information et des bibliothèques. Elle progresse tellement rapidement et ses possibilités sont tellement nombreuses que, de façon réaliste, on ne peut allouer à un groupe de travail les ressources lui permettant d'établir les fondements nécessaires "à la conception et à la mise en oeuvre d'un système interactif intégré à l'échelle du pays".

Le rapport exprime des inquiétudes sur la façon de déterminer la technologie applicable à la diffusion de l'information. Plutôt que de mettre sur pied un groupe de travail, l'ICIST s'engage:

a) à constituer un dépôt des rapports d'évaluation de systèmes clés en main, de systèmes interactifs, de réseaux intelligents et de logiciels de micro-ordinateur conçus pour les services d'information en sciences de la santé.

Le dépôt comprendrait les rapports sur l'automatisation préparés par les bibliothèques des sciences de la santé. Pour optimiser son utilité, les bibliothèques des sciences de la santé au Canada sont incitées à y déposer leurs rapports.

b) à partir de cette collection de rapports, à mettre sur pied un centre de référence sur l'automatisation qui fournirait aux bibliothèques l'information voulue sur les projets d'automatisation en cours.

- c) à tenir les bibliothèques des sciences de la santé au courant des plus récentes innovations technologiques, en intégrant un article sur les "faits saillants de la technologie" à la rubrique de CBSS publiée dans *Actualités ICIST*, *BMC* et *Nouvelles ASTED*.

Recommandation:

Un comité mixte composé du CRSB-FMC et de l'ABSC devrait être mis sur pied pour étudier le prêt entrebibliothèques dans le domaine des sciences de la santé et formuler des recommandations sur les façons de a) gérer le volume de prêt, b) rationaliser les coûts et c) améliorer les délais de livraison.

Reponse:

- a) En tant qu'important fournisseur de documents, l'ICIST appuiera cette recommandation en participant aux travaux du comité mixte.

Recommandation:

Il est recommandé que le Centre bibliographique des sciences de la santé de l'ICIST soit maintenu et consolidé.

Reponse:

- a) L'ICIST a la chance de pouvoir compter sur Maureen Wong, la nouvelle chef du CBSS. Madame Wong possède une connaissance approfondie du milieu des sciences de la santé et de l'ICIST. Elle apporte au CBSS ses connaissances de la technologie et son expérience des systèmes d'interrogation en direct.
- b) Il est possible que des dispositions puissent être prises pour inviter à l'ICIST un bibliothécaire spécialiste du domaine des sciences de la santé. Ses activités seraient consacrées à des sujets d'intérêt tant pour le milieu des sciences de la santé que pour l'ICIST.
- c) Les contrats de recherche avec d'autres bibliothèques seront possibles en autant que les ressources le permettront. Tout effort concerté devra également porté sur des projets prioritaires tant pour le milieu des sciences de la santé que pour l'ICIST.

HEALTH AND WELFARE CANADA LIBRARIES: A REVIEW

Bonita Stableford*

Chief, Library Services
Central Services Directorate
Health Protection Branch, Health and Welfare Canada
Ottawa, Ontario

The library network in Health and Welfare Canada continues to strengthen its services following the closure of the Departmental Library in April, 1986. To fully understand the new library structure, it is helpful to review library organization in the Department prior to that closure.

The Departmental Library, located in the Brooke Claxton Building, was originally established in the 1940's. Its collections emphasized social welfare, public health policy and the health sciences. Reporting to a central Branch responsible for administrative services, the Departmental Library provided services directly to all staff in the Department, as well as reference service to members of the general public. The Library also participated in resource sharing by providing a free interlibrary loan service to external agencies. The Departmental Library provided centralized services to Branch Libraries as required, including interlibrary loan, cataloguing and acquisitions.

From the 1940's a network of Branch-based Libraries had developed in tandem with the Departmental Library. The three Branch Libraries reported to and were funded by program branches, rather than the Departmental Library. Their role was to serve the highly

specialized information and collection needs of Branch programs, as well as to participate in a library network which provided service to all Departmental staff.

The new library structure consists of Branch-based libraries serving the following:

- 1) Health Protection Branch
- 2) Health Services and Promotion/
Medical Services Branch
- 3) Policy, Communication and
Information Branch

With the closure of the Departmental Library, services were decentralized to these Branch libraries. To accomplish this, a total of 10 more positions were transferred to the Branches, along with salary and operating budget. The total complement of library staff is now 32, including both professional and support staff.

All libraries participate in the formal Departmental Library Management Committee, which addresses common issues and advises senior Departmental management on library-related policies. Branch libraries serve Departmental staff as their primary clientele. Reference services (with the exception of online searching), document delivery and interlibrary loan are available to external libraries and organizations, as well as to members of the general public. Collections in the Health Protection Branch

* This article was submitted on behalf of the Departmental Library Management Committee, Health and Welfare Canada.

and Health Services and Promotion Branch Libraries are accessible on DOBIS. Serials in Health Protection Library are listed on UTLAS. Inter-library loan service is available to the general public free of charge. Requests should be submitted through any library. All collections are available for consultation by health professionals, students, etc. as required. Addresses and telephone numbers for Branch libraries are listed at the end of this article.

Of particular interest is the redistribution of the Departmental Library's collection. Approximately 70% of the collection was retained for the Branches' libraries. After an item-by-item review by Branch library staff, the collection was divided and redistributed according to subject specialization. A central repository for back runs of journals, complete with compact shelving, was retained. Materials not required in the Department were first offered to the National Library and CISTI, and then to McGill's Osler Library, which specializes in the history of medicine. Some commonly available journal runs were sent to the Canadian Book Exchange Centre for redistribution to Canadian libraries.

To understand Health and Welfare Canada's Branch-based library network, it is helpful to review specific programs.

Health Protection Branch (HPB) is the scientific research and regulatory arm of the Department. It supports the Department's only laboratory based programs. In brief, the Branch's business can be described as toxicology and the prevention of controllable health hazards. This encompasses a variety of areas, ranging from the quality and safety of foods and their packaging, to the safety of medical and radiation-emitting devices, pharmaceuticals, over-the-counter drugs and cosmetics. Other responsibilities include surveillance of diseases and environmental hazards, provision of clinical laboratory services to

the provinces and analysis of illicit drugs seized by law enforcement agencies.

To serve Branch staff scattered in twelve buildings across Ottawa, the HPB Library Services Division developed a network of specialized library collections which are located close to large groups of staff. Within the Ottawa area, there are 5 libraries and 2 reading rooms in operation; in addition, there are 5 libraries serving regional laboratories. The HPB Libraries in Ottawa have a distributed collection of approximately 1350 journal titles and 35,000 monographs. Subject areas include food and nutrition, pharmacology, environmental health and epidemiology. Backruns of scientific journals are retained, but monographic collections emphasize material published within the past ten years. Rapid developments in toxicology require constant updating and weeding of collections to ensure that the latest information is available. Unique collections include historical pharmacopeia, and official documents of other health regulation agencies.

Given the wide scatter of publications related to toxicology, HPB Libraries are net borrowers for interlibrary loan, requesting approximately 14,000 items annually. Over 700 in-depth literature searches are provided annually, with heavy use of chemical, medical and toxicology databases. To maintain a link with other major medical libraries, the Chief, HPB Libraries serves as an ex-officio representative to the Association of Canadian Medical Colleges' standing committee on libraries.

Health Services and Promotion Library Network serves staff in four branches, including Medical Services, Health Services and Promotion Branch, (HSP), Corporate Management and International/Intergovernmental Affairs. The Branch encourages Canadians to adopt a healthy lifestyle and provides

leadership for provinces and territories to improve their health services. Health Services and Promotions Branch has an extensive publications program and funds the National Health Research and Development (NHRDP) program, to provide grants for health research. The HSP Library's primary clientele include staff in these Branches, as well as health care practitioners scattered in some 20 nursing stations and 500 health units across Canada.

The HSP library subscribes to about 1500 journals and has a monograph collection of some 55,000 volumes. Library collections emphasize health care delivery, substance abuse, native health and health lifestyles. Its collection contains many unique materials in substance abuse and health promotion. Further, the HSP Library has had a long history of participation in a formal network of Canadian libraries involved in substance abuse. As a result, the HSP Library is a net lender for interlibrary loan. The HSP and former Medical Service libraries were merged administratively in 1987 and will be relocated to a common site in 1988.

The Policy, Communications and Information Branch (PCI) Library was newly created following the closure of the Departmental Library. It provides service not only to its host Branch, but also to the Income Security Programs Branch, Social Services Programs

Branch, Fitness and Amateur Sport, the new Ministry for Seniors, and several smaller units, such as the National Advisory Council on Aging and the Review of Demography. Its collection reflects the policy issues of concern to the Department, but focuses on areas of social concern, public welfare and income maintenance and support. Affiliated with, and physically located within, the Library is the unique resource collection of the National Council on Family Violence, whose holdings are retrievable through the Library's in-house online public access catalogue. Documents, however, are available for consultation only. Other collections include a depository set of the National Welfare Grants Program project reports, as well as a depository set of papers prepared for the Review of Demography and Its Implication for Economic and Social Policy. The PCI Library currently subscribes to 400 journal titles and holds approximately 10,000 monographs.

The Policy Library offers a complete range of library services to its client Branches, and support services to other Departmental staff and to the public at large. As a relatively new member of the library community, its resources have to date been largely unrecognized, with the result that its interlibrary activities have shown it to be net borrower and net user of other services provided.

Requests for service may be addressed to any of the following libraries:

HEALTH PROTECTION BRANCH LIBRARY SERVICES DIVISION

CHIEF, Ms. Bonita A. Stableford (613) 957-1026

Banting Research Centre Library (613) 957-1023

Environmental Health Library (613) 957-1725

Federal Centre for AIDS Library (613) 954-3256

Lab. Centre for Disease Control Library (613) 957-1362

Place Vanier Library (613) 954-8669

HEALTH SERVICES AND PROMOTION LIBRARY (613) 957-0890

CHIEF, Mrs. Betty Garland (613) 954-8593

POLICY, COMMUNICATION & INFORMATION BRANCH LIBRARY (613) 957-1545

CHIEF, Ms. Marty Lovelock (613) 957-1547

NEWS AND NOTES

PEOPLE ON THE MOVE

CLAIRE CALLAGHAN has been appointed to the position of Education Librarian at the University of Western Ontario. Claire's many friends and colleagues at the UWO Sciences Library will miss her, and wish her well in the field of education.

A new Head of Reference and Online Services at the UWO Sciences Library, **LILA HEILBRUNN**, will come on staff on August 15. Lila is leaving a position at the Ontario Library Services, Thames Region.

In June, **CONNIE HOFF** took up a position as Online Services/Collections Development Librarian at the UWO Sciences Library. Connie was previously at Island Medical Laboratories in Victoria B.C.

JEANNINE LAWLOR, Reference Librarian at McGill Nursing/Social Work Library has left to take up an appointment as Chief Medical Librarian at St. Mary's Hospital, Montreal.

NANCY LEMON has replaced **WENDY PATRICK** as Head Librarian, McGill Nursing/Social Work Library from June 1988 to June 1989, while Wendy is on sabbatical.

LINDA VOELKER has accepted the newly-created position of Instructional and Computing Services Librarian at the University of Western Ontario's Sciences Library.

NEW ONTARIO CHAPTER

The W.W.D. Health Library network, representing the Ontario counties of Wellington, Waterloo and Dufferin, has become CHLA's newest chapter. Joyce Pharoah is Coordinator of the network. She can be reached at The Homewood Sanitarium, 150 Delhi St., Guelph Ontario N1E 6K9. Tel: (519) 824-1010.

ORTHOPEDIC JOURNAL AVAILABLE

Dr. W. R. Harris wishes to dispose of a complete set of the **Journal of Bone and Joint Surgery**, A and B volumes, from 1953 to 1987. Would interested prospective purchasers please contact Dr. Harris at Suite E.N. 1-234, Toronto General Hospital. Phone (416) 595-4170.

INVITATION TO AUTHORS

NC Press Limited, a Canadian-owned publisher based in Toronto, is looking for health-related books for its new **HEALTHBOOKS** series. Healthcare professionals and others are invited to submit manuscripts or proposals for popularly-written books geared to the general public and to the busy practitioner on a wide variety of topics. Special interests include innovations in health care delivery, women's health care, aging, cost and accessibility of health care, and ethics, among others. Manuscripts in electronic format (IBM compatible) are preferred. Queries should be sent to:

Janet Walker, Managing Editor
NC Press Limited
260 Richmond St. W., Suite 401
Toronto ON M5V 1W5

FROM THE HEALTH SCIENCES RESOURCE CENTRE

Maureen Wong

Head, Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
Ottawa, Ontario

NEW PUBLICATION ANNOUNCEMENT

The 17th edition of **Canadian Locations of Journals Indexed in MEDLINE** is now available for purchase at \$36.00 a copy. Please quote NRC No. 28887 when ordering. Make cheque payable to Receiver General for Canada - Credit NRC, or charge to your deposit account. For more information contact CISTI Publications at (613) 993-3736.

MLA 1988 MEETING - NEW ORLEANS-HIGHLIGHTS

News from NLM

- NLM apologised for the late delivery of the special issue of the Technical Bulletin (the one meant to be the replacement of their 1987 update course). This year they will start writing the updates in the Fall and the updating activity will be spread over several months.
- MEDTUTOR, NLM's microcomputer based self instruction package for MEDLINE, is now in the final stages of testing. The software package is intended for health professionals as well as information specialists. There will be 7 chapters covering MEDLINE database contents, data elements and the MeSH vocabulary. Simulated searching is also provided. The package should be ready for release in the Fall of 1988. Watch for announcement of MEDTUTOR's

availability in future issues of **BMC and MEDLARS Canada**.

- **Online Services Reference Manual** revised edition (1988) is now available for purchase (PB88-156252/GBB, \$55.00 US).
- Version 4 of **GRATEFUL MED** will probably be available at the end of December 1988. A Mac version will also be available with Version 4. NLM reported that more than 10,000 copies of the software have been sold in North America.
- The National Center for Biotechnology Information Branch within the Lister Hill Center of the NLM was recently established. In response to its mandate to co-ordinate biotechnological information, the NLM has added 9 biotechnical journals and several new MeSH terms to MEDLINE. As well, MEDLINE citations that have sequence data printed in the article will be assigned the main heading **MOLECULAR SEQUENCE DATA**. (For more details, refer to the NLM Technical Bulletin No. 228, April 1988.)
- MEDLINE now updated twice a month, except for November and December.
- Product diversification will continue. 14 companies to date are distributors of MEDLINE CD-ROM products. However, some of the products are

not yet available on the market. There will be a one-day MEDLINE CD-ROM conference to be held in the NLM's Lister Hill Center auditorium on September 23, 1988. Representatives from the CD-ROM vendors and libraries that participated in an NLM-organized evaluation at 21 test sites will share their results and experiences.

- MeSH MARC version will be available in June. All allowable headings are included. Note that chemical records are not included in the MeSH MARC tapes.

Some questions from the audience:

Q. Will SDI results be available on floppy disk?

A. Not going to happen in the near future due to technical difficulties.

Q. Are MeSH terms added to MEDLINE in the middle of the year?

A. New headings are seldom added in the middle of the indexing year. However, when they are added, announcements are made in the Technical Bulletin.

Q. When will the revised edition of **The Basics of Searching MEDLINE** be available?

A. New edition expected to be out by Fall 1988.

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE

Maureen Wong

Chef, Centre bibliographique des sciences de la santé
Institut canadien de l'information scientifique et technique
Ottawa (Ontario)

AVIS DE LANCEMENT

Vous pouvez maintenant acheter la 17e édition du répertoire **Dépôts canadiens des revues indexées pour MEDLINE** au coût de 36 \$ l'exemplaire. Veuillez citer le numéro CNRC 28887 lorsque vous le commandez. Etablissez un chèque à l'ordre du Receveur général du Canada, au crédit du CNRC, ou portez-le à votre compte de dépôts. Pour obtenir de plus amples renseignements, communiquez avec le Service des publications de l'ICIST au (613) 993-3736.

REUNION DE LA MLA - NOUVELLE-ORLEANS - POINTS SAILLANTS

Nouvelles de la NLM

- La direction de la NLM s'excuse pour le retard qu'elle a pris pour vous faire parvenir le numéro spécial du bulletin technique (celui qui remplace le cours de mise à jour pour 1987). Cette année la rédaction des mises à jour commencera à l'automne et les activités de mise à jour s'échelonneront sur plusieurs mois.
- La mise à l'essai de MEDTUTOR, le logiciel d'auto-apprentissage pour l'interrogation de la base de données MEDLINE est presque terminée. Ce logiciel s'adresse aux professionnels de la santé et aux spécialistes de l'information. Sept chapitres couvrent l'essentiel de la base de données MEDLINE, les éléments de

données et le vocabulaire MeSH. Le logiciel comporte également des simulations de recherche. Le logiciel devrait être disponible à l'automne de 1988. L'avis de lancement paraîtra dans un des prochains numéros de BMC et de MEDLARS Canada.

- **Online Services Reference Manual** - l'édition révisée (1988) peut maintenant être commandée (PB88-156252/GBB, 55 \$ US).
- La quatrième version du logiciel GRATEFUL MED sera probablement prête vers la fin du mois de décembre 1988. Une version Mac sera également disponible avec la quatrième version. La NLM a indiqué que plus de 10 000 copies du logiciel ont été vendues en Amérique du Nord.
- Le National Center for Biotechnology Information Branch relevant du Lister Hill Center de la NLM a récemment été mis sur pied. Afin de remplir son mandat qui est de coordonner l'information biotechnologique, la NLM recense 9 autres nouvelles revues biotechniques et a ajouté plusieurs nouveaux termes MeSH à MEDLINE. En outre, on assignera désormais aux références d'articles dans le MEDLINE qui comportent des données en séquence la vedette principale MOLECULAR SEQUENCE DATA. (Pour de plus amples détails, reportez-vous au

bulletin technique de la NLM no 288, avril 1988).

- MEDLINE sera désormais mis à jour deux fois par mois, sauf en novembre et en décembre.
- La NLM continuera d'offrir des produits de plus en plus divers. Quatorze entreprises à ce jour sont dépositaires des produits MEDLINE sur CD-ROM. Toutefois, certains produits ne sont pas encore disponibles sur le marché. Une conférence d'une journée traitant de MEDLINE sur CD-ROM aura lieu à l'auditorium du Lister Hill Center de la NLM le 23 septembre 1988. Des représentants des serveurs et des bibliothèques, qui ont participé à l'évaluation du CD-ROM organisée par la NLM à 21 endroits témoins, divulgueront les résultats de l'essai et témoigneront de leur expérience.
- La version MARC du MeSH sera disponible à compter du mois de juin. Toutes les vedettes permises sont incluses. Notez toutefois que les notices de substances chimiques

ne se trouvent pas sur les bandes de la version MARC du MeSH.

Les principales questions des participants étaient les suivantes:

- Q. Les résultats des recherches de DSI seront-ils disponibles sur disquette souple?
- R. Non. Pas dans un avenir prévisible à cause de difficultés techniques.
- Q. Les termes MeSH sont-ils ajoutés à MEDLINE au milieu de l'année?
- R. Les nouvelles vedettes sont rarement ajoutées au milieu de l'année d'indexation. Toutefois, si elles étaient ajoutées on l'annoncerait dans le bulletin technique.
- Q. Quand verra-t-on la nouvelle édition révisée de **The Basics of Searching MEDLINE**?
- R. Une nouvelle édition est prévue à l'automne de 1988.

MEETINGS/WORKSHOPS

UNYOC '88

DISCOVER YOUR WORTH!

Date: October 12-15, 1988

Location: Loew's Westbury Hotel, Toronto



The annual conference of the Upstate New York and Ontario Chapter of the Medical Library Association aims to re-evaluate the role of the information provider in the changing health environment. A welcoming reception will be held on Wednesday evening, October 12. The Gents, an upbeat *a capella* ensemble, will provide the entertainment at the banquet on Thursday, October 12. The full conference fee includes all plenary sessions (Thursday and Friday, welcoming reception, Annual Meeting breakfast and coffee breaks. Members: \$47.00 Non-members: \$60.00. The banquet is \$27.00, Friday luncheon \$15.50, and Microcomputer Users' Group Lunch \$15.50. "Discover the Feeling" of Toronto as you "Discover your Worth" at UNYOC '88!

PLENARY SESSIONS - Thursday, October 13

The value of the health information professional - James M. Matarazzo

Role of the information provider in the health care environment: Canadian and U.S. perspectives - W. Vickery Stoughton

Microcomputer Users' Group Lunch: The future of hypertext databases - Norman Hoyle

The service imperative: do library services improve the quality of patient care?
- David N. King

Panel on networking for success - Sandra Langlands, Moderator

PLENARY SESSIONS - Friday, October 14

Shaping the future: MLA's strategic plan - Frances Groen

Personal Development: concurrent sessions on "Women and Power" and "Effective negotiations in the workplace"

Contributed Papers

Developing the role of the end-user librarian - Suzanne Maranda

Revenue generation at Fudger Medical Library - Lillian Bayne

A statistical "framework" for inter-library loan transactions - Tami A. Hartzell

Medline on the wards: participant perceptions and usage - Cindy Walker Dilks

Health sciences libraries in 2001 - Alan M. Rees

UNYOC '88 CONTINUING EDUCATION COURSES - Wednesday, October 12

Getting the most out of the library's microcomputer

Instructor: Lynne Howarth

A workshop designed for library managers or staff members who want to increase their computer literacy. Suitable for microcomputer novices, for those who have recently acquired a microcomputer or for those who are considering additional applications for an existing system. Basic library applications and affordable hardware and software enhancements for improving performance and productivity of the library's micro will be emphasized. Members: \$75.00 Non-members: \$100.00

Medline on NLM and BRS: a comparison of search capabilities

Instructor: Helen Ann Brown

What are the differences between searching MEDLINE on NLM's own system and using BRS? When should you consider using one system rather than the other? This workshop is designed to answer these questions, as well as to review some of the latest BRS enhancements, such as Medspell, Plurals and Scientific American Medicine Online. Suitable for both experienced searchers of BRS and library managers who want to make the most effective use of online systems. Course fee is \$75.00.

UNYOC '88 CONTINUING EDUCATION COURSES - Saturday, October 15

Data for decision-making

Instructor: Charles R. McClure

Introduces participants to practical procedures and strategies for using data to improve library planning and evaluation. The workshop will introduce planning and performance measurement techniques, identify specific planning strategies and explain how to collect and produce selected library output measures. Ideal for library managers who need to increase the quality of library services and better justify those services to administrators. Members: \$110.00 Non-members: \$125.00

MEDLINE search strategies: a workshop

Instructor: Dianne Pammett

A workshop for new or experienced online searchers who know the basics of searching MEDLINE on NLM and who want to develop and refine their searching skills. Participants will benefit from discussing searching experiences with each others, as well as from instruction and advice. Course fee is \$30.00

N.B. MLA certification for the above courses is pending at the time of publication.

For further information on UNYOC '88 please contact:

Mary Anne Trainor
Registration Chair, UNYOC '88
Health Sciences Library
McMaster University
1200 Main Street West
HAMILTON, Ontario
L8N 3Z5
(416) 525-9140, ex. 4169



QUALITY ASSURANCE: AN INTRODUCTION FOR SMALL HOSPITAL LIBRARIES
Part I: What is Quality Assurance; Part II: Getting Started: Steps in the
Quality Assurance Process; Part III: Importance of Communication
 Dates: October 20, October 27, and November 3, 1988. 12:00 noon - 1:00 p.m.

Presented by the Northern Ontario Teleconference Network in cooperation with the Alberta Hospital Association Teleconference Network. The cost of this type of teleconference programming averages from \$35.00 to \$65.00 per program (for unlimited attendance). The last registration date for the programs listed above is **Thursday September 22**. For further information or program registration, please write Elaine Wanzel, Education Program Coordinator at: NOTN, 111 Larch Street, Sudbury ON P3E 4T5. Tel.: (705): 675-3335.

CHLA/OHLA TELECONFERENCE SERIES, presented through Telemedicine Canada.
 Series Moderator: Jennifer Bayne.

23 September, 1988	Choosing a Micro for your Library	Mike Ridley
4 November, 1988	The Roles of CISTI and HSRC	Maureen Wong
25 November, 1988	AV Sources and Uses in Health Sciences	Claire Callaghan
16 December, 1988	Pay Equity and Job Descriptions	Susan Hendricks
3 February, 1989	Electronic Mail	Mike Ridley

The cost per program is \$65.00 anywhere in Canada. Any number of people can participate per site, the cost does not vary from the basic per program charge. Be sure to register at least three weeks in advance of the programs, to allow time for delivery of course materials. For more details contact:

Telemedicine Canada
 Gerrard St. West
 Toronto ON M5G 1J6
 Tel: (416) 595-4472

CANADA ONLINE II

Date: December 12-14, 1988
 Location: Sheraton Centre, Toronto

A large conference focussing exclusively on online research and the information industry. The program covers such topics as trends in online research, marketing and competitive intelligence research, and online for scientific and technological research, and features a large exhibition of online industry vendors and producers with presentations and demonstrations of the latest advances and developments in the industry. Registration fee is \$500 (Canadian). For further information, please contact: Renee Roy, Conference Co-ordinator, Canada Online Limited, 158 Pearl Street, Toronto ON M5H 1L3. Tel: (416) 593-5211 Envoy: Canada.Online

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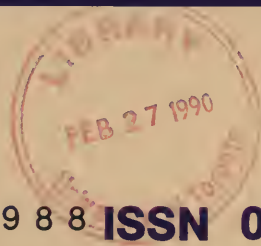
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BIBLIOTHECA MEDICA CANADIANA



VOLUME 10 NUMBER 2 1988 ISSN 0707 - 3674

INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTEURS

The **Bibliotheca Medica Canadiana** is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library. Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome.

La **Bibliotheca Medica Canadiana** a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillent dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillent dans les bibliothèques de petite taille et les bibliothèques relativement isolées. Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus.

Indexed In/Indexé par: **Library and Information Science Abstracts (LISA); Cumulative Index to Nursing and Allied Health Literature (CINAHL).**

A subscription to **Bibliotheca Medica Canadiana** is included with membership in CHLA/ABSC. The subscription rate for non-members is \$50 per year.

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PUBLISHING SCHEDULE 1988 - 1989 CALENDRIER DE PUBLICATION:

Deadlines for submission of articles:

volume 10(3) 2 December 1988
volume 10(4) 10 March 1989
volume 11(1) 9 June 1989

La date limite de soumission des articles:

volume 10(3) 2 décembre 1988
volume 10(4) 10 mars 1989
volume 11(1) 9 juin 1989

INFORMATION FOR CONTRIBUTORS

MANUSCRIPTS

The editors of **Bibliotheca Medica Canadiana** welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada.

Contributions should be submitted in **duplicate** and the author should retain one copy. Contributions should be **typed double-spaced** and **should not exceed six pages or 2100 words**. Pages should be numbered consecutively in arabic numerals in the top right-hand corner. Articles may be submitted in French or in English but will not be translated by the editors or their associates. Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the **Oxford English Dictionary**; exceptions shall be at the discretion of the editors. Contributors who wish to submit their work in machine-readable format should contact the editors in advance to ensure that compatible equipment is available in the editorial offices.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

REFERENCES

All references should be given in the Vancouver style; see **Canadian Medical Association Journal** 1985;132:401-5. Contributors are responsible for the accuracy of their references. Personal communications are not acceptable as references. References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

ILLUSTRATIONS

Any illustrations or tables submitted should be black and white copy camera-ready for print. Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text. Illustrations and tables should include appropriate titles.

AVERTISSEMENT AUX AUTEURS

MANUSCRITS

Les rédacteurs de la **Bibliotheca Medica Canadiana** sont à la recherche de manuscrits ou d'autres renseignements portant sur le vaste domaine de la bibliothéconomie dans le contexte des sciences de la santé. Nous recherchons tout particulièrement des articles relatifs à la situation au Canada et à des thèmes d'actualité.

Les articles devraient être remis **en deux exemplaires** et l'auteur devrait en garder une copie. Les articles devraient être **dactylographiés à double interligne et ne devraient pas dépasser six pages ou 2100 mots**. Prière de numérotter les pages consécutivement en chiffres arabes en haut de la page à droite. Les articles peuvent être remis en français ou en anglais, mais ils ne seront pas traduits par la rédaction ni par les associés de la rédaction. Le style d'expression écrite se conformera à l'usage et à la syntaxe acceptables du français; il est préférable d'éviter l'argot, les sigles et autres abréviations obscures. L'orthographe se conformera à celle du **Robert**; les exceptions à cette règle seront à la discrétion de la rédaction. Les auteurs qui désirent remettre leurs manuscrits sous forme électronique devraient communiquer à l'avance avec la rédaction afin de s'assurer que l'équipement compatible est disponible aux bureaux de la rédaction.

Tout article devrait s'accompagner d'une lettre explicative fournissant les informations suivantes: nom de l'auteur (dactylographié), son titre et lieu de travail, ainsi que tout autre détail que l'auteur jugerait utile à la rédaction.

REFERENCES

Toute référence devrait être citée selon le style dit de Vancouver; voir le **Journal de l'Association médicale canadienne** 1985;132:401-5. Les auteurs sont responsables de l'exactitude de leurs références. Les communications de nature personnelle ne sont pas acceptables comme références. Il ne faut citer une référence à un ouvrage inédit que si ce dernier est disponible à une adresse indiquée par l'auteur.

ILLUSTRATIONS

Les illustrations et les tableaux doivent être en noir et blanc, et prêts à l'impression. Les illustrations et les tableaux doivent être clairement identifiés en chiffres arabes et avoir des renvois clairs dans le corps du texte. Les illustrations et tableaux doivent comporter des titres pertinents.

BIBLIOTHECA MEDICA CANADIANA NEWSGATHERING FORM

The editors welcome news items from members of the Canadian Health Libraries Association, or any news that may be of interest to members. Please feel free to copy this form in any way for submission, and to attach separate sheets for lengthy items.

APPOINTMENTS Who
HONOURS? What
AWARDS? When
Where

PROMOTIONS? Who
MOVES? From
RESIGNATIONS? To
When

SEMINARS? What
WORKSHOPS? When
Where

PUBLICATIONS? What
BOOK REVIEWS? Where
Citation

ACQUISITIONS? What
GIFTS? Why
GRANTS? Amount
Donor

TRIPS? Who
LECTURES? Where
VISITORS? When
Why

From:

To:

J. Claire Callaghan, Editor
Bibliotheca Medica Canadiana
Education Library, Althouse College
University of Western Ontario
London, Ontario N6G 1G7

BIBLIOTHECA MEDICA CANADIANA



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- i Information for Contributors/
Avertissement aux Auteurs
- iv Newsgathering Form
- 55 From the Editors
- 56 Letter to the Editors - Eagleton
- 57 A Word from the President - Maes
- 59 Quelques Mots du Président - Maes
- 61 Report: Task force on Hospital
Library Standards - Greenwood

CONFERENCE PAPERS

- 62 Scientific Medicine: Success or
Failure? - Horrobin
- 69 The IAIMS Program - Broering
- 76 Libraries without Walls - a
Personal Viewpoint - Crawford
- 80 Sydney Library Automation System:
One User's Appraisal - Ladd

... continued

NEWS AND NOTES

- 83 Call for Nominations - Award of
Outstanding Achievement
- 84 Call for Nominations - Honorary
Life Membership
- 85 People on the Move
- 86 Nursing Chapter
- 87 In Memoriam - Kathryn M. Smith
- 88 From the HSRC - Wong
- 90 Du CBSS - Wong
- 92 Meetings/Workshops
- 93 New Publications
- 95 Version Française de "1987/88
MEDLARS Update"
- 96 Positions Available
- 98 Corrections
- 100 CHLA/ABSC Board / BMC Staff

FROM THE EDITORS

Welcome to the first issue of **Bibliotheca Medica Canadiana** edited by yet another team! We are both excited and overwhelmed by our enlarged responsibilities. Mastering CHLA/ABSC's sophisticated software and hardware is perhaps the greatest challenge of all...

We would like to thank David Le Sauvage for he has masterfully configured our newly acquired WordPerfect 5.0 to accept the Hewlett Packard AD Soft Fonts which give us an additional two typefaces in a range of point sizes and the international character set necessary for French text. Version 5.0 and the new fonts allow for a more professional appearance. David's involvement with both volumes 9 and 10 qualifies him for honorary membership in the CHLA/ABSC!

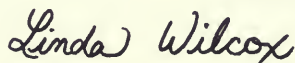
Special thanks is also extended to Lynn Dunikowski, BMC's previous editor, for her counsel, support and good humour ... in spite of her having to forfeit the laser printer at the end of her "reign". Past editors, such as Lynn, Tom Fleming, Jan Greenwood, Bonnie Stableford and, alas, P.J. Fawcett (for those of you who are "new" to our Association, P.J. was our first, and perhaps most colourful, editor), have set an example to the readership which may prove difficult to follow.

Much of this issue is devoted to papers which were presented at the 12th annual meeting in Halifax in June 1988. These papers are informative and thought-provoking. David Horrobin's paper on "Scientific Medicine: Success or Failure?" should generate a great deal of discussion. "The IAIMS Program" by N. Broering is both timely and relevant to our members in academic medical library settings.

Original articles, letters to the editors, and "news and notes" are always appreciated. Future issues depend on your involvement... Continue to support your Association!



Claire Callaghan
Editor



Linda Wilcox
Assistant Editor

LETTER TO THE EDITORS

ENVOY codes are in abundance and yet they are difficult to locate. I would like to suggest that all of the CHLA/ABSC members list their ENVOY library identification and/or personal codes with the National Library for inclusion in future issues of **Bibliotech**.

If your library is using ENVOY 100 or iNET 2000 for **ILL communication**, please send a message via ENVOY or iNET to **USER ID: DUSSAULT.N** and include the full name of your institution, your user ID and the Canadian library symbol assigned to your library.

Institutions/libraries wishing to submit your electronic messaging service identification used for **administrative purposes** should send your listing to **USER ID: GAUTHIER.CA** or mail to:

Chantal Gauthier
Editor, **Bibliotech**
National Library of Canada
395 Wellington Street
Ottawa, Canada
K1A 0N4

Thank you for including this "suggestion from the field" in an upcoming issue of **BMC**.

Kathy Eagleton
Brandon General Hospital
Brandon, Manitoba

A WORD FROM THE PRESIDENT

Bill Maes

Head, Public Services
Medical Library, University of Calgary
Calgary, Alberta

"ONE PICTURE THAT'S WORTH 16.3 TRILLION WORDS."

This is the caption on a poster hanging in my office which displays a highly magnified picture of the Intel 80386 micro-processor currently being used in some of the newest personal computers. The advertisement clarifies the caption by saying that the new chip can manage an eight page personal history of every living person on earth or the equivalent of some 32,000,000,000 pages. (That is not a typo!)

In my office I also find an advertisement from RIS, the producers of "Reference Manager" personal bibliographic software, offering to send me weekly disks with full bibliographic information and abstracts of articles appearing in 200 of the most prominent health sciences journals. With the click of a button I am told I can incorporate pertinent citations directly into my personal database ready to be retrieved on command. Another blurb from Cambridge

Scientific Abstracts is offering to send me a free CD-ROM reader for my PC if I will subscribe to their Medline database soon to be produced with monthly updates and full search capabilities. A researcher has just called to ask if I would like to see the programme he has created which fully indexes the curriculum core documents for the medical students and another called yesterday to arrange for a series of seminars which would teach residents to access Medline by themselves when it is convenient to them. I also recall reading somewhere recently that a major publisher is experimenting with putting the full text of some 50 of its medical journals on a compact disc for weekly distribution to whomever will subscribe.

My poster reminding me that one chip can manage 16.3 trillion words (how many librarians would that take?), the questions I

am asked, and the advertisements which arrive daily on my desk, tell me unequivocally that the days of the "traditional" librarian are numbered if they are not already past.

If you are being ignored by your administrator or feel that your clientele are not as supportive as they once were, the answer is all around you. More and better alternatives to what libraries serving the health professions have traditionally offered are available, and the little microprocessor which handles 5,000,000 instructions per second, reminds me the revolution is only just beginning.

In recognition of these changes and the urgent need for all of us to examine our current position and purpose in this environment, CHLA/ABSC issued the following position statement at the Halifax AGM:

CHLA/ABSC endorses and encourages the full participation of its members and member organizations in the use and development of information technology as a means of enhancing the acquisition, organization, and dissemination of information in order to support as effectively and efficiently as pos-

sible the information needs of health care providers.

We, who purport to be preeminent in the role of information organizers and disseminators, cannot afford to stand idly by as commercial vendors and our former patrons, taking full advantage of what technology has to offer, unwittingly make us redundant. The answer is not to resist the challenge but to use it to our advantage. Do not be an observer but become part of the revolution. Try to find innovative ways to use the technology and be master of your own house. Beg, borrow, or steal a microcomputer. Learn about modems, telecommunications, file transfer, LANs, busses and hypertext. Your survival as an information provider and the viability of our Association may well depend on it!

P.S. In my welcome to new Board members in the last issue I regrettably neglected to mention our President Elect, Donna Dryden. I suppose I can be excused for this oversight on the grounds that Donna has been so involved with the Association and Board in the past that she hardly seems like a "new" member at all. Welcome Donna!

QUELQUES MOTS DU PRESIDENT

Bill Maes

Chef des services publics
Bibliothèque médicale, Université de Calgary
Calgary, Alberta

"UNE IMAGE QUI VAUT 16.3 TRILLIONS MOTS"...

Ceci est le sous-titre sur une affiche dans mon bureau, une affiche qui démontre une image très agrandie du microprocesseur Intel 80386 qui figure maintenant dans les ordinateurs personnels les plus nouveaux. L'annonce clarifie le sous-titre en disant que le nouveau composant électronique peut administrer une biographie personnelle de huit pages de tous les êtres qui vivent actuellement sur la terre--ce qui équivaut à peu près 32 000 000 000 pages. (Ce n'est pas une faute de frappe!)

J'ai aussi dans mon bureau une annonce de RIS, les producteurs de "Reference Manager", le logiciel de bibliographie personnelle, qui offre de m'envoyer chaque semaine des disquettes d'information bibliographique complète et des résumés d'articles publiés dans 200 des journaux scientifique médicaux les plus reconnus. On me dit qu'avec le dé clic d'un bouton je peux

incorporer des citations pertinentes directement dans ma base de données personnelle prêtes à être extraites sur commande. Un autre publicitaire de "Cambridge Scientific Abstracts" offre de m'envoyer gratuitement un lecteur CD-ROM pour mon ordinateur personnel si je m'abonne à leur base de données "Medline" qui sera publiée prochainement, qui donnera mensuellement des mises à jour, et qui a des capacités complètes de recherche.

Un chercheur vient de m'appeler pour me demander si j'aimerais voir le programme qu'il vient de créer, un programme qui donne un index de documents essentiels du curriculum des étudiants en médecine; et un autre m'a appelé hier pour organiser une série de colloques ayant pour but d'enseigner aux internes la technique d'accès au Medline quand ceci leur convient. Je me souviens

aussi d'avoir lu récemment à quelque part qu'un éditeur fait des essais en mettant le texte complet d'à peu près cinquante de ses journaux médicaux sur disque pour distribuer chaque semaine à quiconque s'abonne.

Une affiche qui me rappelle qu'un composant électronique peut manier 16.3 trillion mots (ceci prendrait combien de bibliothécaires?), des questions qu'on me demande, et des annonces qui arrivent quotidiennement à mon bureaux--tout ceci me dit sans equivoque que le temps des bibliothécaires "traditionnels" est compté, sinon passé.

Si le problème est que votre administrateur vous ignore ou que vous sentez que votre clientèle ne vous soutient plus comme auparavant, la solution est proche. Des alternatives plus nombreuses et meilleures que ce que nous offraient traditionnellement les bibliothèques de professions du bien-être sont maintenant disponibles; et le petit microprocesseur qui manie 5 000 000 instructions la seconde me rappelle que la révolution vient de commencer.

En reconnaissant ces changements et en reconnaissant le besoin important que nous avons tous à examiner notre position actuelle et nos buts dans cet environnement, CHLA/ABSC a fait la déclaration suivante à la réunion annuelle à Halifax:

CHLA/ABSC appuie et encourage la pleine participation de ses membres de ses organisations-membre dans l'utilisation et dans le développement de la technologie de

l'information de la technologie comme moyen de faire accroître l'acquisition, l'organisation et la dissimulation de l'information ayant pour but de soutenir aussi effectivement et efficacement que possible les besoins d'information qu'ont les pourvoyeurs des soins médicaux.

Nous qui prétendons être prééminants comme organisateurs et dissimulateurs d'information ne devons pas ne rien faire pendant que les vendeurs commerciaux et nos anciens clients, sachant prendre avantage de ce que la technologie leur offre, nous rendent, sans le savoir, redondants. Nous ne devons pas résister au défi; nous devons nous servir de ce défi à notre avantage. Nous ne devons pas être observateurs mais plutôt révolutionnaires. Essayons de trouver des moyens innovateurs pour nous servir de la technologie et d'être maîtres chez nous. Emparrons-nous d'un micro-ordinateur à tout prix. Renseignons-nous sur les modems, sur la télécommunication, sur les transferts de fichiers, sur le réseau local ("LAN"), sur les bus et sur l'hypertexte. Sur ceci peut bien dépendre notre survivance comme responsables de la dissimulation de l'information et la viabilité de notre Association!

p.s. En souhaitant la bienvenue aux nouveaux membre du Comité dans le dernier numéro, j'ai malheureusement négligé de mentionner le nom de notre présidente désignée, Donna Dryden. On m'excusera certainement de cet oubli parce que Donna s'est déjà si fortement liée à l'Association et au Comité qu'elle ne semble pas du tout être "nouvelle". Bienvenue, Donna!

REPORT FROM THE CHLA/ABSC TASK FORCE ON HOSPITAL LIBRARY STANDARDS

Jan Greenwood, Chair

Manager of Library Services,
Ontario Medical Association,
Toronto, Ontario

The Task Force is pleased by the response to its questionnaire mailed during July and would like to thank the respondents for their prompt cooperation.

Completed questionnaires have been submitted from a wide geographic area as follows:

Alberta	27
B.C.	6
New Brunswick	1
Nova Scotia	4
Manitoba	11
Ontario	50
P.E.I.	1
Quebec	6
Saskatchewan	3

It was not possible to locate the origin of a few of the submitted questionnaire.

As might have been expected, a preliminary examination of the data suggests that there are some regional discrepancies, but what is really striking is that the vast majority of responding libraries offer most, if not all, of the services listed on the questionnaire. Given that few libraries meet existing quantitative standards for staffing levels (CANADIAN STANDARDS FOR HOSPITAL LIBRARIES, MLA, N.Y. etc) this is an impressive testimony to the dedication of hospital library staff in Canada.

At its November meeting the Task Force will attempt to derive from the submitted data quantitative standards for hospital libraries that are rooted in reality but serve also to ensure excellence of access to health information in Canadian health care facilities.

SCIENTIFIC MEDICINE: SUCCESS OR FAILURE? THE ROLE OF THE LIBRARIAN AND INFORMATION SCIENTIST *

David F. Horrobin, MA, DPhil, BM, BCH.

Managing Director
Efamol Research Institute
Kentville, Nova Scotia

The medical research enterprise is one of the most respected of modern institutions. Its budget is the only one which is consistently increased by the US Congress over and above the amount requested by the US Administration. Medical research has avoided the criticisms being voiced about medical practice. We may not like the ways in which many doctors treat us, but who could be opposed to spending money on finding better ways to treat and to prevent cancer and other diseases? That is a "motherhood" issue if ever there was one!

Heretically, I am going to suggest that our confidence is misplaced. Over the past 25-30 years medical research has rather spectacularly failed to deliver what is expected of it -- new and successful treatments which stop people dying and improve the quality of life.

Somewhere around the years 1958-1962 there occurred a watershed in the history of medical research. Prior to 1960 medical

research in most countries was small-scale, poorly funded and carried out by a small band of dedicated researchers. Most of the individuals involved would have been doing research even if they had been paid nothing, so passionately involved were they in what they were doing. Certainly in the 1940s and 1950s this was an accurate picture. But throughout the 1950s, pressure on politicians and charitable organizations to put more money into research and to develop proper career structures for researchers had been growing steadily. The shock of Sputnik stimulated Western governments to pour money not only into space investigations but into all types of research. By 1960 this money was flowing into medicine. Medical research was becoming a structured edifice with abundant funds and a proper career structure. Since then the largesse has hardly paused. Scientists have grumbled -- as they always do -- but the increase in funding has consistently outstripped inflation and in real terms the medical research enterprise is three to five times larger than it was in 1960.

THE SUCCESS OF MEDICAL RESEARCH

I would like to contrast the situation in

* This keynote paper was presented at the 12th annual meeting of the CHLA/ABSC, June 11-15, 1988 in Halifax, Nova Scotia.

1960 with that in 1932, 28 years earlier, and that in 1988, 28 years later. In 1932 medicine as we know it, particularly in relation to drug treatment, hardly existed. Salvarsan had weak anti-syphilitic activity but, otherwise, we were as powerless against bacterial diseases as we had been in the 19th century. Immunisations against viral diseases were in their infancy and polio was a dreaded plague. Drug treatment for psychiatric disorders, for cancer, for hypertension and for a host of other disorders was effectively non-existent.

Then, in 1935, began what can only be called a miraculous quarter century of dramatic progress. It started with Domagk in Germany. He believed that sulphonamides would be effective antibacterial agents and was forced to test them prematurely in humans because his daughter was dying of bacterial infection. Domagk used his drug, his daughter survived and the era of modern chemotherapy began. Five years later, Florey's team developed for clinical use the much more powerful penicillin. Within a few years, streptomycin, tetracycline and a whole range of new antibiotics followed. In the late 1940s and 1950s, treatment of tuberculosis became available to everyone, polio largely disappeared because of the new vaccines and a whole range of new drugs of use in psychiatry, in cardiovascular disease, in cancer, in kidney disease and in other disorders became available. By 1960 the world of medicine was very different from that world in 1932. The string of almost unbroken success had made medical research confident of tackling the remaining problems quickly.

Twenty-eight years later, in 1988, we have not gone much further. We have many

more drugs but almost all are derivatives or developments of compounds already known by 1960. In only very limited situations is the patient receiving the best medical care in 1988 likely to live longer or suffer less than the patient receiving the best medical care in 1960. With the exceptions of the childhood cancers and the cancers of the lymphoid system we have essentially lost the war on cancer. The apparently increased survival of cancer patients is an illusion based on earlier diagnosis without changing the date of death. Even the drugs which do work in cancer are largely the ones which were already available in 1960. We have simply learned to use them better.

Only in two common conditions, peptic ulcer and renal failure, have treatments largely or completely unknown in 1960 had an important effect on morbidity or mortality. Dialysis and transplantation have revolutionised the treatment of renal failure and the H₂ antagonist drugs have transformed our approach to peptic ulcer. Otherwise, the vast expenditure on medical research has simply not been translated into clinical success when the fundamental yardsticks of patient comfort and patient survival are used. Our patients live and die much more expensively than they did, their lives and deaths are documented in exquisite detail by a myriad of sophisticated tests and techniques - but die they do and at ages and in degrees of comfort which have hardly changed.

REASONS FOR FAILURE AND THE ROLE OF THE MEDICAL LIBRARIAN

Why should this be? Why have the years since 1960 been such relative failures when compared with the quarter century

before? How can this have happened when from 1960 to 1988 we published so many more papers and spent so much more money than we did previously? Is it just bad luck, or could bad judgement be involved? And if there has been bad judgement, what can a librarian or information scientist do to improve things?

The usual reason given for failure is that all the easy problems have been solved. Those that remain are much more difficult and will take much longer. There is no way of knowing whether this is true and it is certainly not the message that the medical research establishment conveys to the public when seeking funds. We cannot exclude the possibility that we are simply going about things in the wrong way. My prejudice is the latter. I think our approach to medicine has gone sadly wrong. I also believe that it has gone wrong in ways which relate intimately to how we use information. Medical librarians have major roles to play in helping to put things right.

1. Medical research has in large part ceased to be about medicine.

About ten years ago I met a young virologist whose research was being supported by a multiple sclerosis charity. He was studying the effects of viral infections on cultured nerve cells. I asked him whether his work had anything to do with multiple sclerosis. He said no, not at all, but there was the distant possibility that something he discovered might in some way throw light on the disease. I asked him whether he had ever seen a patient with multiple sclerosis. He shook his head. I asked him whether he had ever read a book or a paper about multiple sclerosis in humans. He shook his

head again. I was appalled because he was using money collected at great cost by thousands of volunteer helpers. I said, "How on earth are you going to know whether or not you have discovered something relevant to multiple sclerosis when you seem totally uninterested in the disease in humans?" He had no answer.

Since then I have made a practice of asking similar questions of scientists who claim that they are doing work which one day may be relevant to cancer, or to muscular dystrophy, or to heart disease, or to some other illness. Depressingly frequently, the answers are the same. The researcher has not bothered to find out anything about the disease on which he or she is supposed to be working. The researchers mention the possible relevance to disease on their grant applications in order to solicit funds from gullible organizations, but they clearly have no faith or interest in the possible clinical relevance of their studies.

One thing I try to do with my own research team is constantly make them aware of the human problems related to their research. And, medically qualified or not, they almost invariably become fascinated by what they learn and begin to think about the clinical relevance of what they are doing. I believe that medical librarians can play a similar role. They should try to identify the clinical problems on which the researchers are supposed to be working and make sure that a constant flow of clinical information reaches those researchers. In this way I believe that both librarian and scientist will find their work more interesting -- and may make it more successful.

2. Medical research has ceased to be about the whole patient.

Many medical researchers have ceased to think about the patient as a whole. This is merely a reflection of the increased specialisation of medical practice which has also all too often ceased to be interested in the whole being. Research problems have become skin problems, or kidney problems, or heart problems, or mind problems rather than people problems. The non-psychiatrists rarely consider the impact of the bodily disorder on the mind. The psychiatric researchers rarely think about the impact of the mind on the body.

This attitude is obviously a serious mistake when it comes to medical practice. There is increasing pressure on doctors to take the whole patient into consideration and medical behaviour is changing, albeit too slowly. But I believe that the narrow approaches are equally mistaken in research. To look at a research problem in medicine as related to a single organ system is often to miss vital clues.

Consider one example, schizophrenia. Schizophrenia is "obviously" a disease of the mind. Countless novels, countless medical texts and countless treatment programmes have been based on that assumption. Yet consider some facts about schizophrenia that most psychiatrists do not know. When they do learn these facts, the medical scientists can never look on schizophrenia in the same way again. Schizophrenics get better psychiatrically when they have a feverish illness and worsen again when that physical illness gets better. Schizophrenics rarely get rheumatoid arthritis. Schizophrenia does not develop in people who are blind from birth.

When histamine is injected into the skin of a schizophrenic, the size of the inflamed area is only half that seen in normal people.

A valid theory of schizophrenia has to explain not only the psychotic disorder but also these other observations. Researchers thinking about schizophrenia only in terms of the mind develop all sorts of theories which are obviously nonsense when these facts are known. These facts have a major role in limiting the types of theory which are valid, and also in stimulating innovative thought about the disease.

I believe that medical librarians could play a major role in helping researchers break out of their own specialized insularity. The librarians should seek out this type of information and force the scientists to become aware of it. It is precisely that information which does not fit which is frequently the clue to finding an answer.

3. Medical research has ceased to be interested in history.

One major change which has taken place over the 25 years during which I have been actively involved in research, is the loss of scientists who have a keen historical sense. In 1960 most medical scientists were very much aware of the historical basis of their subject. This had a number of beneficial effects. First it induced a sense of humility: the researcher was aware of the generations of past investigators, many of whom were totally convinced that they had reached the truth, only to see their concepts overturned by the next generation of scientists -- and then perhaps reinstated the generation after that. Such historical perspective induces a sense of real humility

concerning the fragility of human knowledge. This humility is all too often lacking in modern investigators who are convinced that current science has all the answers -- or will have soon -- and that historical knowledge is nonsense.

Second, the awareness of history ensured that knowledge was not lost. There are two views of the progress of science. One is that of a major building slowly and steadily being built up from its foundations. The second, due to Isaac Newton, is that of a vast beach from which an investigator almost at random chooses a few pebbles to investigate. On the first view, it is unlikely that anything important, once known, will be lost. On the second view, anything that is known can be lost all too easily if scientists lose interest in it. One may or may not be able to make a case for the view that physical science conforms to the first model. But there can be no doubt that medical science is better described by the second. The history of medicine is full of examples of soundly based knowledge which has simply been lost. For example, for fifty years at the end of the 19th century and the beginning of the 20th, the knowledge that scurvy was caused by a lack of a nutrient present in certain foods was simply lost. The observation that mad people often become mentally better when they have a fever is one of the oldest observations in medicine. It was noted by Hippocrates and by Galen and by all the great names of 18th and 19th century medicine. In the 1920s every psychiatrist knew about it and in 1926 Wagner-Jauregg won a Nobel Prize for his work on it. Yet today, if you ask a hundred North American psychiatrists, you will be lucky to find one who is aware of this knowledge.

In part this state of affairs is the result of intellectual arrogance and intellectual laziness on the part of most medical scientists. But it is also in part attributable to the superbly efficient computerized data bases provided by medical librarians and information scientists. I would like to suggest that these marvellous data bases have one major flaw. They do not go back far enough and they contribute to the appalling and damaging illusion that all that is important in science has happened in the past 10 or 20 years.

In the early 1960s, when I wanted information I had no alternative but to do the search myself. There were no data bases and so no cut off points for date of entry. I followed a literature trail by its logic and not by some arbitrary temporal cut off date. So I would frequently end up in the basement of the library browsing in the stacks which had journals from the 1880s or earlier. One thing I learned which I have never forgotten is that if you want a full description of a disease with nothing left out you will do far better to go back to the old literature. The observers had a due sense of humility and a proper attitude to the whole person so that little was left out.

The proliferation of current research activity means that all too often the print-outs resulting from searches do not even go back to the first date on the data base. They will often go back only 5 or 10 years, reinforcing the illusion that everything of importance has been done recently. This is a disastrous mistake. Things can be forgotten, they are being forgotten, and medical research is less effective because of it.

One often gets the impression that medical librarians believe that the most important problems facing the profession relate to how quickly and how comprehensively current information can be entered into the system. How quickly can the information be entered, and how effectively can one access sources of information such as books, grant applications and abstracts of meeting proceedings which in the past were often not put into the data base? I believe that this extreme enthusiasm for the immediately current is misplaced. The most important task is to take the data bases back in time, beyond 1973, or 1966 or whenever the particular system began. If this is not done, vast amounts of information will simply become inaccessible to the modern medical scientist. This is not only a tragedy, it is a crime because it wastes the enormous efforts made by generations of dedicated investigators. If each librarian made it his or her task to take one area of medical science and to create a data base in that area going back to the 19th century, then I believe that medical research would gain an invaluable resource.

4. Medical scientists are ceasing to be interested in the foreign literature.

Surprising though it may seem, medical science was often more international fifty years ago than it is today. Particularly in North America, medical science seems to be becoming more and more insular and arrogant and to take less and less interest in what is happening elsewhere. You can verify this by looking at the reference lists in North American papers published in the 1930s and comparing them with the lists in papers done in the 80s. Citation analysis confirms the trend. North Americans seem

to have forgotten that the great majority of the key concepts in medical science originated elsewhere. North Americans have been brilliant in developing concepts originated elsewhere, but in medicine have not been notable for opening up major new fields of investigation. The evidence that North Americans are referring less and less to work published elsewhere is worrying evidence of increasing insularity. Innovative concepts can come from anywhere. It is important for medical librarians to insist that the researchers with whom they work are fully aware of what is being done on other continents.

5. Medical scientists are ceasing to read the journals themselves.

Not infrequently when I have been working in a library, the paper which has caught my attention and changed my way of thinking is not the paper for which I have been specifically searching. It is the paper which comes one or two papers before, or one or two after, the one I was looking at. For example, the interaction between schizophrenia and inflammatory disease, a major interest of mine, was triggered quite accidentally by a paper seen in this way. The efficiency of current information systems, whereby only the papers which are specifically sought are placed on the investigator's desk, is reducing the likelihood of accidental discoveries made in this way.

In their eagerness to provide a superb and precise service, it is important for medical librarians not to forget that precision can in some situations also be a disservice. All scientists should be exposed to papers for which they have not specifically asked. All scientists should therefore be encouraged

regularly to browse through at least some journals in their entirety. Who knows what they might discover?

CONCLUSION

The medical librarian and information scientist have major roles to play in getting medical research back to the sort of productivity seen in that golden quarter century from 1935 to 1960. It is important not to forget that the efficiency and precision of modern information science can at times be a disservice, unless deliberate steps are taken to counteract some of the negative aspects of such a superb service.

THE IAIMS PROGRAM *

Naomi C. Broering

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Washington, D.C.

It is an honour and privilege to have been invited today to participate in the annual meeting of the Canadian Health Libraries Association (CHLA). Your meeting theme, "From Sea to Sea", is especially appropriate to my presentation on IAIMS, because I believe the impact of this initiative is pertinent to our entire continent. In fact, IAIMS has applicability internationally to other continents.

When Ann Manning, the CHLA Programme Chairman, invited me to speak, she said, "please tell us everything about the IAIMS program at Georgetown and everything you plan for the future". I know the last thing you want to hear is a long speech covering "everything". So, I decided the best way of handling this monumental assignment is to answer questions that you have about IAIMS. I also know you probably do not have a list of questions, so I prepared questions that I can answer which may give you insights on how IAIMS may apply to your institution.

** This paper was presented at the 12th annual meeting of the CHLA/ABSC, June 11-15, 1988 in Halifax, Nova Scotia.*

THE FIRST QUESTION IS, WHAT IS IAIMS?

An Integrated Academic Information Management System (IAIMS) is a mechanism for providing effective electronic access to information essential for clinical decision making, biomedical research and health sciences education. Effective access can be achieved if a broad range of biomedical information is made available at the place where it is needed, when it's needed (e.g. in the health practitioner's office and at the patient's bedside). Such information can come from multiple sources, in many formats. It can include patient laboratory test results, X-rays, patient demographic data, information on drug interactions, library materials from journals and texts, existing databases on treatment protocols and outcomes, and software programs for clinical diagnosis.

There is a growing body of literature on IAIMS. The best sources for articles are the Bulletin of the Medical Library Association, July 1986 and July 1988, and the Journal of the American Society for Information Science, March 1988 which had special sections devoted to IAIMS.

THE SECOND QUESTION IS, WHAT WERE THE PLANNING AND DEVELOPMENT GUIDELINES FOR IAIMS?

Because medical centres are so complex, a coordinated strategic planning effort to create an effective IAIMS system is required. The National Library of Medicine (NLM) provided an opportunity by establishing an IAIMS initiative to launch the program. Four institutions were originally selected for planning (Columbia University, Georgetown University, University of Maryland and the University of Utah). Georgetown was awarded a contract by NLM on September 1983 to conduct a comprehensive strategic planning study.

1. The first phase, to develop a strategic plan to implement IAIMS over a ten year period, was completed in 1985.
2. The second phase was the Model Development stage covering the period from 1985 through 1988. During this period Georgetown has been implementing the initial portions of the IAIMS plan.
3. The third phase is Implementation which we expect will cover the next five years, from 1989 to 1994.

The IAIMS concept has been well received in the general academic medical centre community throughout the U.S. Today, there are twelve institutions conducting IAIMS projects.

American College of Obstetricians and Gynecology

Baylor College of Medicine

Columbia University

Duke University

Georgetown University

Harvard University

Johns Hopkins University

Rhode Island Hospital

University of Cincinnati

University of Maryland

University of Pittsburgh

University of Utah

Although most of the IAIMS institutions are academic medical centres, one is a teaching hospital (Rhode Island Hospital - Brown University) and another is an association (American College of Obstetrics and Gynecology-ACOG). Each of the IAIMS institutions have chosen to emphasize a different aspect of information management. However, most of the IAIMS sites have involved the medical library in their planning and implementation process.

During the past two years, Georgetown has been asked by over 50 institutions for information about IAIMS. The medical centre library has been visited by over 400 individuals and has distributed approximately 600 copies of the Georgetown IAIMS Strategic Plan published in 1986 to interested individuals and universities. Most of the inquiring institutions seek information on how to accomplish the process of "pulling information together."

To deliver information across the campus, information and communications systems must be coordinated. Major sources of knowledge such as bibliographic databases, diagnostic and factual systems can be put in place to serve as a core medical decision support system accessible to use. These new sources are equal in magnitude to an information revolution focusing on library services. Its immensity makes it a very expensive undertaking.

The importance of the medical library in the new information environment has been recognized by the Association of American Medical Colleges (AAMC), the Association of Academic Health Centers (AAHC) and the NLM. Significant reports sponsored by these institutions emphasize the library as a logical hub for initiating the management of information. The Georgetown experience confirms the library as an important first step in the process of organizing and improving information management. In fact, the NLM planning tasks required participation of the library.

In the past, the library was perceived in a more passive position within the institution. Seldom was the library involved when administrators developed strategic plans pertinent to the institution's future. Today, the role is changing. The library is considered essential to the information chain. It is assuming a leadership role in planning information management and is an essential part of the institution's information team.

Well developed plans that incorporate the IAIMS concept are essential for the administration of a Medical Center Library and a Teaching Hospital Library. Everyone who has developed a long range plan knows

that the process forces one to establish goals, objectives and time frames to accomplish desired outcomes. Innovative ideas emerge from brainstorming and planning. We must keep pace with modern state-of-the-art information centers. Therefore, we cannot afford to ignore long range planning.

THE THIRD QUESTION IS, WHAT APPROACH DID GEORGETOWN TAKE TO STRATEGIC PLANNING?

If you need ideas on where to begin, take a look at plans others have developed. Georgetown's plan is published and can be acquired. It is one of the first IAIMS plans developed and is useful for starting the planning process, gaining a global perspective and formulating ideas on pilot projects that can be undertaken. There is also a wealth of library literature on strategic planning that may be useful.

As I describe the Georgetown IAIMS plan and its Pilot projects, you will recognize how the process has taken us through a number of logical steps. One of our strategies was to reduce risks while pioneering in a new venture and to increase chances for success by undertaking pilot projects where we already had some experience. The basic plan was only a foundation for building the groundwork of our future projects and the prototype for a decision support system.

The strategic plan includes two major goals:

- Goal I - to improve academic information management and the transfer of biomedical information through an IAIMS;

- Goal II - to create a centre of excellence and IAIMS prototype to serve as a national resource for other interested academic health sciences centres.

Implementation is planned over a ten year period in three phases:

1. A pilot phase (one-three years), and
2. an interim phase (three-five years),
3. a full/long range phase (five-ten years).

Phases I and II involved acquiring start-up grants. We received two grants from NLM - a Model Development Grant and a Research Related Grant. We also received an equipment grant from AT&T which was later followed by a grant from Apple Computer Co.

THE FOURTH QUESTION YOU MIGHT ASK IS, WHAT WERE THE GRANT PROJECTS?

Phase I included providing major educational resources. We took a broad approach to build sources of knowledge such as databases to serve more or less as an "Electronic Textbook" or "Electronic Reference Tool". During this phase, Georgetown concentrated on academic program, education in the health professions, and the use of computers as memory extenders. To put a major educational program of this nature in place appropriate resources and tools were made available. In order to improve the learning environment it had to be easy for users to glean information from

a variety of sources. This would enable users to gain basic knowledge more quickly and easily.

Georgetown implemented several bibliographic, informational and diagnostic databases to serve as a core support system for users.

The Bibliographic Databases include:

1. The Library Information System (LIS) online catalogue of books, journals and non-print holdings.
2. The miniMEDLINE SYSTEMTM, Georgetown's user-friendly subset of the National Library of Medicine's MEDLINE SYSTEM. The miniMEDLINE database has been expanded to include 460 journal titles with article abstracts.
3. ALERTSTM CURRENT CONTENTS^R search system, a database of references to the latest articles being published in the world's clinical and life sciences journals. This software written by the Library provides a similar user interface to miniMEDLINE.

The Information Databases, Factual and Knowledge Systems include:

4. A Drug Information System, the MicroMedex Clinical Computerized

TM -The miniMEDLINE SYSTEM and Alerts are trademarks of Georgetown University.

^R -CURRENT CONTENTS is a registered trademark of the Institute for Scientific Information Inc. (ISI).

Information System consisting of DrugDex, PoisonDex and EmerginDex.

5. Physicians Data Query (PDQ), the National Cancer Institute's (NCI) database for cancer treatment protocols. This system includes the latest chemotherapeutic data received from the nation's NCI designated Cancer Core Centers which includes the Lombardi Cancer Center at Georgetown.

The Clinical Diagnostic System includes:

6. RECONSIDER, a clinical diagnostic prompting system developed at the University of California, San Francisco. It is an experimental system made available largely to use as a teaching tool for medical students at the undergraduate and graduate levels.

These databases are available free, similar to LIS and miniMEDLINE, through support from the Dahlgren Library and the IAIMS grants sponsored by the NLM. Physicians and researchers can contact the Library's reference desk for dial-up codes and user information.

The databases are accessible through the IAIMS Local Area Network (LAN) which currently has over 400 connections linking offices in eight medical center buildings, including the University Hospital. A network-to-network link between the Hospital's LAN and the IAIMS LAN is currently being tested and evaluated. To make a workable decision support system of this nature, it is necessary to link databases in a transparent manner so users can switch

from one system to another with ease and without cognizance of the technical complexity of the transfer mechanisms involved in the process.

In our IAIMS phase II research grant we began BioSYNTHESIS; an intelligent retrieval system that learns from the user and develops patterns for rapid transmission of information from multiple databases. To develop this type of system we are first installing the databases and studying user behaviour and information seeking patterns. Selected databases are being interfaced to the bibliographic system to complete the information chain. This allows users to conduct multiple database searches without re-keying search terms.

Departments are participating in a logical progression beginning with a "clustering" or mini-IAIMS approach. These units serve as experimental or model sites where basic concepts and strategies are tested before being fully implemented throughout the medical center. In the Medical School the project began with the Neurology Department and the Cancer Center. Recently work has begun with the Departments of Medicine and Pathology. In the School of Dentistry access to the IAIMS databases has been provided to three departments in the Dental Clinic. In the Nursing School emphasis is on providing resources to the faculty so they can utilize computers in classroom and lab teaching.

THE FIFTH QUESTION YOU MIGHT ASK ME ABOUT IAIMS IS, HOW ARE YOU TRAINING USERS?

To successfully begin an IAIMS program you must educate users so they can

benefit from the marvellous resources available to them. Training on use of the IAIMS network at Georgetown is provided by the newly established Biomedical Information Resources Center (BIRC) in the Library. Information access skills, use of computer based education programs and basic instruction on use of personal computers are provided by the BIRC staff. The center includes a large computer classroom, a general computer area and 4 conference rooms, with equipment to support special class assignments. There are over 50 computers of mixed variety: IBM, Apple, Macintosh and AT&T. Courses are given regularly, almost daily, and evening classes are arranged for departments.

User manuals for RECONSIDER, PDQ, and the Drug System have been developed to facilitate training classes and to help users become independent learners. The librarian and five staff who operate the center are working with faculty to encourage educational software development. More long range is an opportunity to conduct research and possibly to lend PCs to promising faculty for courseware development. For development and implementation of educational software, the School of Medicine and the Library have established a Clinical Informatics Center. Emerging from this joint venture are some pertinent and exciting Medical Informatics projects.

THE 6TH QUESTION IS, DO YOU HAVE SPECIAL EDUCATIONAL SOFTWARE?

PathMAC, an interactive laser disc project, designed at Cornell University Medical College is being transported to

Georgetown. The Pathology course for medical and dental students has been automated with components for lecture notes, carousel pathology slides on laser disc with questions and answers, a clinical glossary and ClinicoPathologic Conferences (CPCs).

As an extension of the Scholars' Workstation concept, we developed a Practitioner's Workstation for the Neurology Department. From this idea emerged a Student Workstation project called the MAClinical Workstation. The project is designed to extend the students' clinical experience in recording history and physical findings of their patients by providing them with a means of automating their patient reports. Other phases of the MAClinical Workstation include interfaces to the IAIMS databases described previously, a MAIL-BOX system for faculty/student communications and improved instructional monitoring. In the future, we anticipate developing special simulated learning programs.

CONCLUSION

Now that I have answered a few questions, let me point out that information, in an endless variety, is needed everywhere: in the classroom, at the patient bedside, during rounds, at the laboratory bench, in the clinics, at home, or in the office. I need to remind you that what we are really doing is developing what can be called an "Electronic Textbook" consisting of basic reference tools and texts. Actual online texts are also within our future plans for IAIMS phase III and you will be hearing more about full text systems in the future.

As you can see, to develop the most appropriate resources, requires a closer cooperative venture with the schools and the hospital than an academic library has ever before experienced. The databases available through electronic means from remote sites, day or night, enable the physicians at our hospitals to stay abreast of medical discoveries and to make more complete, informed decisions about diagnoses and treatment. In addition, the information and knowledge resources can be used to teach clinical problem solving skills. Bringing the library to physicians and students is a useful way of adapting information technology to give our patients the best possible care.

Our IAIMS program goals will not be achieved overnight, but we are headed in what seems a logical direction. The medical library is the focal point of IAIMS activity. We believe the medical library of the 21st Century will be an Academic Information Management Library where numerous activities take place that involve using multiple formats of the world's medical knowledge base. Therefore, we are striving for excellence and building better sources of knowledge for our users.

LIBRARIES WITHOUT WALLS: BLUEPRINT FOR THE FUTURE A PERSONAL VIEWPOINT *

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*Libraries Without Walls*¹ was published in April 1987 and was the result of a study made by Mrs. M.A. Flower. This project was funded by CISTI and was administered by the Association of Canadian Medical Colleges (ACMC). Mrs. Flower had been appointed in September 1986 by a Project Committee consisting of representatives from CHLA, the Special Resource Committee on Medical School Libraries of the ACMC and the ACMC Executive Director. This Project Committee advised Mrs. Flower during the study and had the opportunity to comment on the various drafts of the final Report. The Committee consisted of Bernard Bédard from the Université de Montréal, David Crawford from McGill University, Dorothy Fitzgerald from McMaster University, Wilma Sweaney from the University of Saskatchewan, de Guise Vaillancourt from ACMC and was chaired by Ann Manning from Dalhousie University.

The Report is subtitled "Report of a Survey of Health Sciences Library Collec-

tions and Services in Canada". Though the Programme Committee has asked me to respond to the Recommendations, and I will do so, these come from the body of the Report. It is this body of facts and figures which gives the Report its strength and it is from them that other avenues of study will open up.

Two recommendations in particular come from the facts and figures in the report; these are recommendations 2 and 3 on Information Management Councils and Inter-library Loan. These were made because the Report clearly shows that times have changed since the days of the Simon Report.² Medical School libraries are better (or at least bigger) than they were then but not as good, or as well funded as they were in 1980. Money is tight; information and research is "exploding", but library budgets are not keeping pace. Both of these recommendations are really about cooperation as it is by cooperation that we can make our limited resources go further, and it is by an examination of existing structures that we may be able to improve them so that our users can have speedy access to their information needs as we approach the 1990s.

* Outline of the presentation given at the 12th annual meeting of the CHLA/ABSC, June 11-15, 1988 in Halifax, Nova Scotia.

Recommendation 2 proposes that each university health sciences centre should establish an Information Management Council. This recommendation springs from the observations made by Mrs. Flower that there is an overlap between users of medical school libraries and users of the libraries of their affiliated hospitals. Not only do faculty members and researchers move between hospital and university offices and laboratories, but students move into hospitals at an early stage of the educational process.

This overlap of users has already been recognized by health sciences librarians who have organized formal and informal local networks. Though these networks have worked quite well in the past, the costs to be shared are becoming larger and larger. Librarians have been able to guarantee, at least for a few years, the continuation of a journal subscription. Can we also guarantee access to an integrated library system?

Librarians are, unfortunately, not at the policy making or resource allocation levels in either teaching hospitals or universities. As the costs to be shared become larger, it will become essential to involve those who are at this level. Hence the recommendation that senior members from each participating institution be involved. One would think of Executive Directors of teaching hospitals, Deans of Medicine and Directors of the University Library Systems, if the university health sciences library is a component of such a system.

What kinds of costs will need to be shared? An obvious development is the extension of the medical school's online catalogue to the libraries of the teaching

hospitals and the inclusion in it of, at least, unique hospital library material. Such an expanded catalogue would certainly give users better access to available resources and would make resource sharing much easier, but a project like this requires long term commitment and a method of sharing the costs fairly. Once there is a unified online public access catalogue, it will not be long before it will also contain on-order information and information on circulation status. As distributed processing becomes more common and much cheaper, this does not mean that a centralized technical services needs to be created, but it does mean that standards must be set and common policies agreed upon.

Another, even more costly, area of possible cooperation will be the mounting of Medline tapes. These have been available from NLM for some time now and there are several ways of making them available to users. One can buy a separate stand-alone system such as Mini-Medline or one can mount the Medline database on one's existing online public catalogue. NOTIS Inc, which is the system used by McGill and Queen's has just announced a Medline module which will allow Medline tapes to be integrated into a library's own online system and other integrated system vendors are certain to follow suit. If a medical school library buys the Medline tapes, it is an obvious step to make access available to, at least, affiliated hospitals. (The NLM sales contract may not allow access by others not connected to the university.)

These decisions will have a far-reaching long term effect and must be fully supported by the resource allocations made in each participating institution. Unlike a journal

subscription, one can't reconsider participation in an integrated online database every year and unlike a journal subscription the first year costs tend to be the highest.

This "technological imperative" will start to become more and more important. Cooperation will no longer be able to be limited to providing cheap photocopies or maintaining subscriptions to benefit "the network". These enhanced networks will be built on the existing voluntary ones, but I have no doubt that as the costs being shared are greater and the services provided become more expensive, a greater involvement and a definite commitment by those who allocate the resources will become essential.

It is our job as health sciences librarians to ensure that the new network arrangements provide better service to our users and ensure speedy access to all available information at the lowest possible cost.

Recommendation 3 proposes that a committee should be established to study inter-library loans in the health sciences sector and this recommendation also deals with library cooperation. Until now, CISTI has been willing and able to accept all ILL requests sent to it and has managed to cope with this increasing load very well. Not only has the CISTI collection been strengthened as CISTI has taken over unique subscriptions, but the procedures for ILL at CISTI have been greatly speeded up. Not only with online ordering, and automatic call numbering of requests but also the air freighting of completed requests to regional delivery centres.

Though CISTI has done very well, and deserves both thanks and congratulations, it is unreasonable to expect them to provide all scientific and medical ILLs in Canada. It makes no sense for a request to be sent from Vancouver to Ottawa if the title is in the library next door.

At the moment requests are usually sent next door but this door is in danger of being slammed shut. ILL requests to other libraries, except those in a close knit network such as a medical school library and its affiliated hospital libraries, are normally seen as having much lower priority than service to one's own users. Health sciences libraries have historically served practitioners and other "community users", including pharmaceutical companies, but this sense of a health care community is not shared by most University Librarians, many of whom do not even see any reason to serve affiliated hospital users. Since almost all Canadian medical school libraries are part of a university library system, (the reverse is true in the US), the policies for interlibrary loan are being set by those with a different philosophy.

At McGill we are about to join many other research libraries and start charging for loans and charging more for photocopies. These charges are not being imposed to increase revenue but are to discourage demand.

ILL service is thus being reduced. Not only by this imposition of charges but also by the fact that medical school libraries (like academic libraries in general) have less to share. CISTI was not designed to be the Canadian version of the British Lending Library, but it is being forced in this

direction. It is very important that we look at whether this is a desirable direction in which to go when one considers Canada's geographic size or whether "regional resource libraries" should be supported as a cheaper and more efficient alternative.

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SYDNEY LIBRARY AUTOMATION SYSTEM: ONE USER'S APPRAISAL *

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I will focus on the four most important modules of the Sydney System: Cataloguing, Inquiry, Serials, and Circulation. The two modules I will not discuss in detail are Acquisitions and MARC Record Interface. Acquisitions provides control of ordering and indicates expenses incurred with respect to a budget. MARC Record Interface facilitates retrospective conversions or derived cataloguing. MARC records are downloaded from an agency, CD-ROM, or local source. After editing, the records are uploaded on to the Sydney database.

As with any sophisticated software package, Sydney represents large potential with associated limitations and problems. For each of the four modules I will discuss the potential, limitations, and problems that we have observed in our library.

CATALOGUING:

Potential

Cataloguing consistency is an important

** This paper was presented at the 12th annual meeting of the CHLA/ABSC, June 11-15, 1988 in Halifax, Nova Scotia.*

feature. Set fields are used to input cataloguing data which are displayed in a very consistent manner to patrons using the Online Public Access Catalogue. This consistency provides a sense of security for both staff and patrons.

Related to cataloguing consistency is the easy control of authorities that Sydney provides. A correction to an authority is reflected in the database for all records using that authority. Thus, a very consistent authority database exists, further enabling easy use of the system.

A variety of useful print materials can be generated: catalogues, both union and branch; inventory lists based on a variety of parameters (e.g. circulation status); acquisitions lists; labels; audit reports of library staff activity on title, authority, and inventory records; and statistics related to the audit reports (e.g. number of titles discarded).

Limitations

One limitation is the restricted ability to edit title records. Only title and text fields can be edited. All other fields are erased and rekeyed, which could result in further errors.

Some libraries feel that cross references are poorly displayed. A search on an authority results in a list. Each line has a number to the left followed by an authority. Since cross references are not indented, it is not always obvious that you are viewing one.

Another limitation is the inability to browse the catalogue. Once a search is executed the hits can be browsed. No capability exists, however, for browsing through either the catalogue or the authorities as a whole.

Problem

The one problem I will mention is not related to the system itself but to an application. Retrospective conversion requires both time and money. It should also be noted that an ongoing requirement of time and funds exists for maintenance.

INQUIRY:

Potential

Quick comprehensive retrieval is an important feature. All searches are free floating unless otherwise specified. A search term will retrieve a title or authority regardless of where it appears within that title or authority. As well, Boolean AND/OR searching can be performed for many of the fields. Some fields are searched immediately upon entry (e.g. ISBN), or act as limiters for a search (e.g. year published). These features provide increased access to the catalogue.

Security is another feature of the system. Passwords exist for registered users,

as well as a security level for inquiry. All catalogue records have a security level assigned. A record will remain hidden to a user during a search, if its security level is greater than the user's. As well, the inquiry screen for each security level is designed by the library. This enables the library to tailor the inquiry screen to the capability of its patrons.

Limitations

As mentioned with Cataloguing, there is no general browsing of the catalogue and cross references can be confusing. Also, a Boolean NOT search can't be performed. Finally, printing bibliographies from a search is an all or none situation. Any modification must be done using word processing software.

Problems

One major problem is the occurrence of duplicate hits during a search. If an OR search is performed where at least one of the subsets is quite large, duplicate hits can occur in your list. If you are printing a bibliography, it must be edited later.

SERIALS:

Potential

This module provides efficient and accurate management. Since it is integrated with the catalogue, an automatic updating occurs as issues are checked in. As well, there are a variety of management reports and statistics which are useful management tools (e.g. a list by subscription agent of renewals). Another important feature is the

ability to interface with a subscription agent to perform online renewals and claims. CANEBSCO has a functional interface, and SMS is in the testing stage.

Limitations

It is difficult to handle combined issues and some supplements. If two issues are combined, it is difficult to account for this on the system. Supplements which do not have their own unique number are also a problem.

Another limitation is that certain subscription fields can't be modified. If a subscription is marked non-routing, it can't be changed to routing. The subscription must be cancelled and entered again.

Problems

We have encountered two problems. The first problem is the incorrect changing of status. As first issues of some subscriptions were checked in, the display indicated that they were already received. An investigation revealed that most of our first issues were listed as received, including those for 1989. Our second problem is the rare omission of some claims from the claims list.

CIRCULATION:

Potential

This module provides efficient and accurate circulation records. The variety of

statistics and reports can be used as collection development tools (e.g. a list of all books which have circulated greater than a specified number of times). Circulation can also be used to perform a physical inventory of the library's collection. As well, a variety of notices can be produced (e.g. reserves, overdues).

Limitations

For any library which includes a renewal as another loan, this statistic is lost. In fact, if the same patron borrows the same copy of a book before the circulation file is purged, the transaction will be considered a renewal. A second limitation is the inability of the system to handle fines.

Problems

A fairly minor problem is the incorrect formatting of activity statistics. We also have a number of periodic bugs (e.g., incorrect pointers between records). Book A's record indicates that individual B has it on loan. Individual B's record indicates that he does not have the book. These types of problems are very easily corrected.

CONCLUSION

It must be noted that the greatest potential of the system is its flexibility. Messages, authority types, text fields etc. can be added or modified to mold the system to individual needs. Granted this flexibility is limited, but enough exists to help each library shape the system to meet its own unique requirements.

NEWS AND NOTES

Nominations for the CHLA/ABSC

AWARD OF OUTSTANDING ACHIEVEMENT

are now being received by the Board of Directors.

"To be eligible for the Award of Outstanding Achievement, a candidate must have made a significant contribution to the field of health sciences librarianship in Canada. The candidate's contribution must be of more than passing importance, interest, or local advancement. In addition, the candidate must fulfill at least one of the following:

1. *be currently registered as a member of the Association, OR*
2. *be currently employed as a health sciences librarian, OR*
3. *have been a health sciences librarian for part of a currently active career, OR*
4. *currently teach a formal course in health sciences librarianship, or have taught and made a significant contribution to the development of health sciences curricula."*

(Quoted from the Canadian Health Libraries Association Executive Manual, Appendix A)

Nominations must be made IN WRITING and mailed to:

Jan Greenwood, Past-President
Manager of Library Services
Ontario Medical Association
250 Bloor Street East, Suite 600
Toronto, Ontario M4W 3P8

Nominations must provide specific examples of the nominee's contributions to the field of Canadian health sciences librarianship. A *curriculum vitae*, including publications of the candidate, should be included. Nominations must be received by 1 February, 1989.

Nominations for
HONORARY LIFE MEMBERSHIP IN CHLA/ABSC

are now being received by the Board of Directors.

"To be eligible for Honorary Life Membership in the CHLA/ABSC, a candidate must have played an active role in the ... affairs of the Association, and fulfill the following:

1. *be at or near the close of an active career in health sciences librarianship,*
2. *hold a regular membership at the time of the nomination,*
3. *have made a significant contribution to the advancement of the purposes of the Association."*

(Quoted from the **Canadian Health Libraries Association Executive Manual, Appendix B)**

Nominations must be made **IN WRITING** and mailed to:

Jan Greenwood, Past-President
Manager of Library Services
Ontario Medical Association
250 Bloor Street East, Suite 600
Toronto, Ontario M4W 3P8

A *curriculum vitae* and a statement of the candidate's contributions to, and activities within, the Association must be included. Nominations must be received by 1 February, 1989.

PEOPLE ON THE MOVE

LINDA BARNETT has been appointed as Assistant Head, Technical Services in the Health Sciences Library, Memorial University. She graduated from Dalhousie's MLS programme in April 1988 and most recently worked in the Technical Services Division of the W.K. Kellogg Health Sciences Library, Dalhousie University.

ANN BARRETT is taking a two year leave of absence from the W. K. Kellogg Health Sciences Library, Halifax as of mid-September to be Acting Medical Librarian at the University of Papua New Guinea.

GEORGE BECKETT has been appointed as Librarian (Systems and Planning) in the Health Sciences Library, Memorial University. George graduated from McGill University in 1981 with his MLS. He previously held the position of Assistant Systems Librarian at Memorial's Queen Elizabeth II Library.

ELIZABETH HAWKINS BRADY, Reference Librarian at the Canadian Nurses Association, is Acting Library Manager from September 1, 1988 - August 31, 1989 while **LINDA SOLOMON SHIFF** is on a leave of absence.

LORRAINE BUSBY has been appointed to the position of Assistant Director of Libraries/Sciences Libraries, University of Western Ontario, effective September 1, 1988. Lorraine has been with the UWO Library System since June 1984 as Librarian - in - charge of the Engineering Library. From 1979 - 1984 she was in charge of 3M Canada's Technical Information Centre in London, Ontario.

ELEANOR HAYES retired from her position in the Library at Mount Sinai Hospital at the end of August 1988. She has been a long-time member of THLA and most recently she edited the 5th edition of the THLA Union List.

KIM ISSAC, until recently the librarian at Prince George Regional Hospital, in Prince George, B.C. has left that position to work at Fraser Valley College. She is succeeded by **THERESA PRIOR**, a recent graduate from S.L.A.I.S. Theresa has a B.Sc. in biology and studied medical and special libraries in her programme at S.L.A.I.S.

LANA KAMENNOF-SINE commenced her position as librarian at the Efamol Research Institute, Kentville, N.S. effective August 1, 1988.

ANNA LEITH, Head of U.B.C.'s Woodward Biomedical Library for 21 years, has retired. Anna started her career at U.B.C. as a reference librarian in 1959. She was appointed head of the Science Division in 1961 and in 1967 she was promoted to Head of the Woodward Library. She also served as a part-time lecturer at U.B.C.'s School of Librarianship (now S.L.A.I.S.) for 15 years. In recognition of Anna's long and noteworthy contribution to CHLA/ABSC's goal "to promote health and health care by promoting excellence in accessing information" she was awarded an Honorary Life Membership in the organization. She will be missed.

PENNY LOGAN, formerly librarian at the Izaak Walton Killam Hospital for Children in Halifax, is now planning and organizing a small branch public library in Cole Harbour, N.S.

LINDA ORDOGH was appointed Information Services Librarian at the Health Sciences Library, McGill University effective April 1, 1988. She has been employed on a sessional contract since September 1986.

CHRIS TOPLACK, formerly librarian at the Efamol Research Institute, Kentville, N.S. is enrolled in the first year of the medical programme at McMaster University, Hamilton.

NURSING INTEREST GROUP

Many of the most interesting conference events take place in the informal atmosphere of restaurants, bars and hotel lobbies. At the June CHLA annual meeting in Halifax three nursing librarians met over a lunch of lobster sandwiches, and as they chatted about common concerns and problems, the idea of a nursing interest group was born. The three were Mary Boite of the RNAO, Barbara Covington of the Montreal General Hospital, and Wendy Patrick from McGill, and they hope to be joined by other librarians with an interest in service to nurses. If you would like more information about the group, or if you have comments or suggestions to make, please contact:

Barbara Covington
Montreal General Hospital
Nurses' Library, Room 619
1650 Cedar Avenue
Montreal, P.Q.
H3G 1A4

IN MEMORIAM

KATHRYN M. SMITH

We were saddened to hear of the sudden death of Kathryn M. Smith of the Dr. Everett Chalmers Hospital in New Brunswick on July 1, 1988.

Kathryn was a long standing member of CHLA who ran as a candidate for Director in the most recent Executive elections. For the past 17 years she worked in hospitals in Ottawa, Thunder Bay, Winnipeg, and most recently, Fredericton in positions ranging from Health Records Administrator to Librarian. She was the New Brunswick liaison with the Maritimes Health Libraries Association and the New Brunswick Hospital Association's representative for the Library Assistant's Programme Advisory Committee at the University of New Brunswick.

In Ann Barrett's words:

Kathy was one of the first hospital librarians hired in New Brunswick, and as such was often a source of advice and support for her more recent colleagues. She always had a word of encouragement and enthusiasm, tempered by her ever present common sense. As a librarian she will be very greatly missed in health library circles in New Brunswick and the Maritimes. As a friend she will be irreplaceable.

Kathy is survived by her father William J. Stryde, her husband Dr. Doug Smith, and her daughters Janice 10 , and Lizzy 5.

If desired, donations can be sent to the Forest Hill Rehabilitation Centre, 180 Woodbridge St., Fredericton, N.B. E3B 4R3

FROM THE HEALTH SCIENCES RESOURCE CENTRE

Maureen Wong

Head, Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
Ottawa, Ontario

It was a real pleasure attending the CHLA Conference in Halifax. I especially enjoyed the interesting and informative conference programme plus the opportunity to meet so many of you face to face. For

those of you who missed the conference and the CISTI update, I am using this column to give you a synopsis of my presentation.

MEDLARS Network Services

	<u>1986/87</u>	<u>1987/88</u>	<u>% change</u>
databases	22	22	0.0%
subscribers	471	790	67.7%
connect hours	12622	13548	7.3%
hotline queries	609	909	47.7%
MEDLARS workshops	27	30	11.1%

Information Services

	<u>1986/87</u>	<u>1987/88</u>	<u>% change</u>
Literature searches	179	153	-14.5%
Guidance & quick reference	468	559	19.4%
Extended reference	426	542	27.2%
SDI activity	37	30	-18.9%
Total	1110	1284	15.7%

Currently 64 profiles are run on MEDLINE, TOXLINE, TOXLIT, HEALTH and CANCERLIT.

HIGHLIGHTS OF 1987/88

COURSES

- introductory MEDLARS courses were offered outside Ottawa
- out of 30 courses offered, 15 were outside Ottawa
- new one-day advanced course

SURVEYS

- list of Canadian MEDLARS Services offering search services to users external to their organization
- results of survey of MEDLARS search services

PROJECTS

Survey of Health Sciences Collections and Services in Canada:

- this project was completed by M.A. Flower in April 1987. An official CISTI response was prepared and presented to various interest groups.
- the report "Libraries without walls: blueprint for the future" was translated into French.

New bibliographies:

- GRATEFUL MED - Bibliography
- Personal computers for Online Searching: a bibliography.

Revised publication:

- Canadian Locations of Journals Indexed for MEDLINE 17th ed. (1988) now available for \$36.00, quote NRCC 28887 to order.

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE

Maureen Wong

Chef, Centre bibliographique des sciences de la santé
Institut canadien de l'information scientifique et technique
Ottawa (Ontario)

Il nous a fait réellement plaisir d'être à Halifax pour la réunion de la ABSC. J'ai particulièrement apprécié l'intéressant programme de conférences et bien entendu de pouvoir parler à plusieurs d'entre vous en

personne. Pour ceux d'entre vous qui n'avez pas assisté à la conférence et à la mise à jour de l'ICIST, je profite de la présente rubrique pour vous donner un aperçu de ma communication.

Services du réseau du MEDLARS

	<u>1986-1987</u>	<u>1987-1988</u>	<u>% changement</u>
fichiers	22	22	0.0%
abonnés	471	790	67.7%
heures de connexion	12622	13548	7.3%
questions "dépannage"	609	909	47.7%
cours	27	30	11.1%

Services d'information

	<u>1986-1987</u>	<u>1987-1988</u>	<u>% changement</u>
Recherches documentaires	179	153	-14.5%
Références rapides	468	559	19.4%
Référence approfondie	426	542	27.2%
Activités de DSI	37	30	-18.9%
Total	1110	1284	15.7%

Les fichiers MEDLINE, TOXLINE, TOXLIT, HEALTH et CANCERLIT comptent actuellement 64 profils documentaires.

FAITS SAILLANTS EN 1987/88

COURS

- des cours d'introduction à l'interrogation du MEDLARS ont été offerts à l'extérieur d'Ottawa
- des 30 cours offerts, 15 l'ont été à l'extérieur d'Ottawa
- nouveau cours de perfectionnement d'une journée

ENQUETES

- liste des centres du MEDLARS au Canada qui offrent des services de recherche aux utilisateurs ne faisant pas partie de leur organisme
- résultats de l'enquête sur les services d'interrogation du MEDLARS

PROJECTS

Enquête sur les collections et les services

des bibliothèques des sciences de la santé au Canada:

- ce projet a été complété par M.A. Flower en avril 1987. L'ICIST a préparé sa réponse au rapport et l'a présenté au divers groupes intéressés.
- le rapport "Bibliothèque sans frontières: projet d'avenir" a été traduit en français.

Nouvelles bibliographies:

- GRATEFUL MED - bibliographie
- Ordinateurs personnels pour la recherche en direct: une bibliographie

Dépôts canadiens des revues indexées pour MEDLINE

Vous pouvez maintenant obtenir la 17^e édition (1988) de cette publication au coût de 36 \$. Prière de mentionner le n^o CNRC 28887 lorsque vous le commandez.

MEETINGS/WORKSHOPS

MARKETING AND INTRAPRENEURSHIP

Location: Queen Elizabeth Hospital, Toronto, Ontario

Friday, November 18, 1988

The Toronto Health Libraries Association is sponsoring a one-day workshop entitled **Marketing and Intrapreneurship** (otherwise known as Marketing the Library to Top Management). It is presented by RYA BEN-SHIR, Manager, Health Sciences Resource Center, MacNeal Hospital, Berwyn, Illinois.

This course is worth 9.6 MLA CE credits.

Course Fee: THLA Member - \$50.00, Non-Member - \$60.00
Retired/Unemployed Librarians - \$30.00.

For registration and further information contact:

Susan Murray, President-Elect
c/o Dentistry Library
University of Toronto
124 Edward Street
Toronto, Ontario
M56 1G6
(416) 979-4372

OLA '88

MANAGING CHANGE

MARKETING SERVICES

COMMUNICATING WITH PEOPLE

Location: Royal York Hotel, Toronto, Ontario

Date: November 3-5, 1988

For further information, please contact:

Ontario Library Association
Suite 300, 100 Richmond Street East
Toronto, Ontario
M5C 2P9
(416) 363-3388

NEW PUBLICATIONS

The **Healthcare Management FORUM** *Gestion des Soins de Santé* is published by the Foundation of the Canadian College of Health Service Executives. The College is a personal membership association for healthcare executives in Canada committed to improvement in the practice of healthcare administration. Its objective is to provide a professional peer-reviewed journal that would make available critical thinking in the interface between theory and practice in healthcare administration.

The **FORUM** is published quarterly. Annual costs are \$50.00 to Canadian addresses, \$65.00 to addresses in the United States and \$80.00 to all other addresses. All remittances must be in Canadian dollars. Further information will be supplied upon request to:

The Canadian College of Health Service Executives
17 York Street
Suite 201
Ottawa, Ontario
K1N 5S7
(613) 235-7218

McCarthy S. **Personal filing systems: creating information retrieval systems on microcomputers.** Chicago: Medical Library Association, 1988.

This softcover, 180 page book is intended to help researchers, scientists and physicians organize their books, journal articles, and other publications. It is a comprehensive guide to data management software and the creation of a bibliographic information system. \$25 (U.S.) to MLA members, \$32 (U.S.) to non-members. Order from:

MLA Order Fulfillment Department
919 North Michigan Avenue
Chicago, IL 60611

Credit card orders can be placed by calling (312) 266-2456.

Snow B. Drug information: a guide to current resources. Chicago: Medical Library Association, 1988.

A manual of approximately 240 pages which offers an introduction to pharmaceutical technology, legal and regulatory issues, and common problems in drug information provision. The book is intended for health educators, researchers, and practitioners, as well as students. \$25 (U.S.) to MLA members, \$32 (U.S.) to non-members. Ordering information as for the publication above.

A selected bibliography on family violence. Ottawa: Vanier Institute of the Family, 1988.

This 45 page collection was updated in 1988. It lists books and articles on a wide range of family violence topics, including adolescent abuse; child abuse and neglect; child sexual abuse; children of violent marriages; courtship violence; elder abuse; parental abuse; and sibling violence. Available for \$2.50 from:

Vanier Institute of the Family
120 Holland Avenue
Suite 300
Ottawa, Ontario
K1Y 0X6

Health and social support, 1985. Ottawa: Statistics Canada, 1988.

This book is from Statistics Canada's General Social Survey, Analysis Series. It provides fascinating information on the health status of Canadians 15 years of age and older. As well as providing statistics, it offers analysis and discussion on a number of current and emerging lifestyle trends -- including cigarette smoking, physical activity and aging, and Canadians' self-ratings of their health. Catalogue No. 11-612E. \$30.00. To order, or for more information, contact:

Publication Sales
Statistics Canada
Ottawa, Ontario
K1A 0T6
(613) 993-7276

Stone L. **Family and friendship ties among Canada's seniors.** Ottawa: Statistics Canada, 1988.

This study presents data and analysis on the fastest growing sector of our population, Canada's seniors, and their informal social support networks. It identifies to what extent seniors give and receive help and goes on to examine how family and friendship ties affect their overall well-being. Information is presented using age, sex and education as variables. Catalogue No. 89-508. \$20.00. Ordering information as for above publication.

Nursing in Canada. Ottawa: Statistics Canada, 1988.

This new publication brings together a range of data on the characteristics of the nursing profession in Canada. Included are data on human resources, nurse registration, nursing education and faculty. Covering a four year period from 1982 to 1986, this book presents data on age, sex, education and employment trends. Catalogue No. 83-226. \$10.00. See under **Health and support**, above, for additional ordering information.

VERSION FRANCAISE DE "1987/88 MEDLARS UPDATE"

La version française de l'article par M-L Veeken ayant parut dans la revue **BMC** v. 10(1), entitule **Mise a jour du MEDLARS 1987-1988**, est disponible gratuitement, en ecrivant à:

Centre bibliographique des sciences de la santé
Institut canadien de l'information scientifique et technique
Conseil national de recherches Canada
Ottawa, Ontario
K1A 0S2
(613) 993-1604
ENVOY: CISTI.HSRC

POSITIONS AVAILABLE

CANADIAN REHABILITATION COUNCIL FOR THE DISABLED

A national non-profit organization has the following contract positions open immediately:

Full-time

- 1) Librarian (MLS) - with excellent cataloguing skills, to manage a specialized rehabilitation health collection. Responsibilities include automation of the reference holdings (knowledge of dBASE III PLUS is an asset), research and responding to information requests/maintenance of associations/periodicals files and staff supervision. Preference will be given to a bilingual (English/French) applicant.

Part-time

- 2) Library Technician - to catalogue disability-related literature, according to special classification scheme requiring knowledge and judgement in subject matter. Other responsibilities include typing, maintaining records, statistics, compilation of bibliographies and on-line activities as directed by the librarian.

Please send curriculum vitae to:

Maureen Vasy
Director Project Development
Canadian Rehabilitation Council for the Disabled
Suite 2110, One Yonge Street
Toronto, Ontario
M5E 1E5

BAYCREST CENTRE FOR GERIATRIC CARE

Health Sciences Librarian required for Baycrest Centre for Geriatric Care, which includes an active teaching hospital, and a Home for the Aged. MLS from an accredited library school and experience in the field of geriatric care preferred.

Librarian to be responsible for one full time library technician and volunteers. Experience with automation of library services is essential. Salary commensurate with experience.

Contact:

Sarah Shiffman
Director of Education
Baycrest Centre for Geriatric Care
3560 Bathurst Street
North York, Ontario
M6A 2E1
(416) 789-5131, ex. 2466

CORRECTIONS

[Editors' Note: a correction is needed to the telephone listing published for Health and Welfare Canada Libraries which appeared in **Bibliotheca Medica Canadiana** 1988;10(1):45. The complete list, with ENVOY codes and the correction highlighted, appears below.]

HEALTH PROTECTION BRANCH LIBRARY SERVICES DIVISION

	Telephone	ENVOY
CHIEF, Ms. Bonita A. Stableford	(613) 957-1026	Stableford.BA
Banting Research Centre Library	(613) 957-1023	OONHBR
Environmental Health Library	(613) 957-1725	OONHH
Federal Centre for AIDS Library	(613) 954-3256	OONHAC
Lab. Centre for Disease Control Library	(613) 957-1362	OONHL
Place Vanier Library	(613) 954-8669	OONHPV

HEALTH SERVICES AND PROMOTION LIBRARY

(613) 954-8590	OONHHS
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CHIEF, Mrs. Betty Garland	(613) 954-8593
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POLICY, COMMUNICATION & INFORMATION BRANCH LIBRARY

(613) 957-1545	N/A
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CHIEF, Ms. Marty Lovelock	(613) 957-1547
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[Editors' Note: The preliminary Alberta Health Association (AHA) Teleconference programme as described in *Bibliotheca Medica Canadiana* 1988;10(1):53 did not accurately reflect the programme breakdown. The content of the programme is as follows:]

**AHA TELECONFERENCE: QUALITY ASSURANCE:
AN INTRODUCTION FOR SMALL HOSPITAL LIBRARIES**

Series Moderator: Jan Greenwood

20 October 1988	What is QA? -demystifying the jargon -the QA cycle	Jan Greenwood
27 October 1988	The Library's Role in a Hospital QA Programme -selecting critical indicators -defining (and identifying) standards -communicating results: the "QA feedback cycle"	Deirdre Green
3 November 1988	QA Cookery: Recipes for Success -sample QA programmes	Donna Dryden

[Editors' Note: Jan Greenwood omitted to include the following member in her report which appeared in *Bibliotheca Medica Canadiana* 1988;10(1):6]

Joyce Kublin, Circuit Rider Librarian, Valley Health Services in Kentville, Nova Scotia was a member of the panel discussing the CHLA/ABSC Task Force on Hospital Library Standards draft revisions at the 12th annual meeting of the CHLA/ABSC, June 11-15, 1988 in Halifax, Nova Scotia. Joyce provided the valuable perspective of small hospital libraries and the role of the circuit librarian with respect to the formulation of new standards.

CHLA/ABSC BOARD OF DIRECTORS / BMC STAFF

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NETNORTH: WMAES@UNCAMULT

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Greater Victoria Hospital Society
1900 Fort Street
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Tel: (604) 595-9612
ENVOY: ROYJUB

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LONDON, Ontario N6G 1G7
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Shared Library Services
South Huron Hospital
24 Huron Street West
EXETER, Ontario N0M 1S0
Tel: (519) 235-2700 ex 49

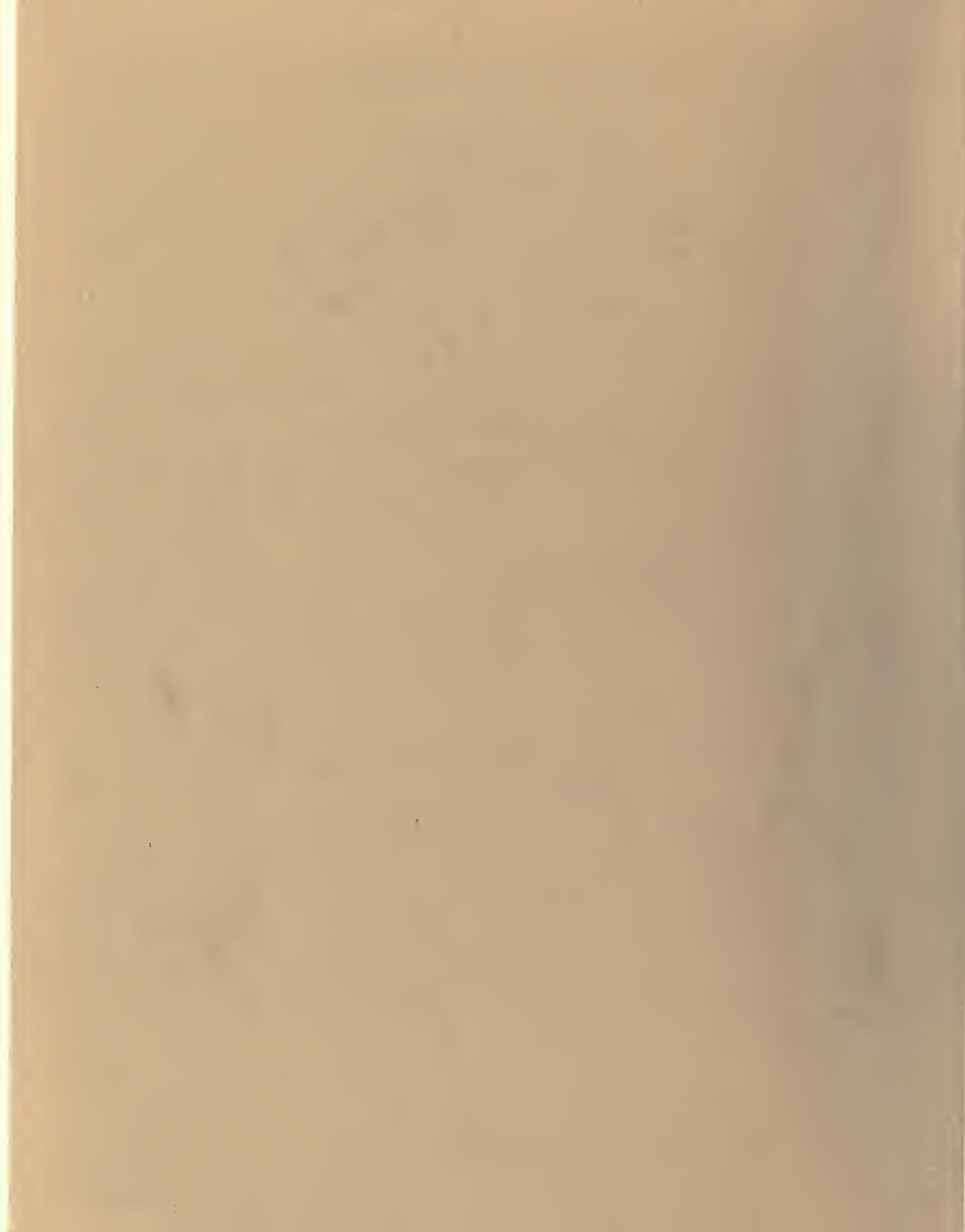
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Dalhousie University
HALIFAX, Nova Scotia B3H 4H7
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WINNIPEG, Manitoba R2H 2A7
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Anne Kubjas
2 Bracken Avenue
TORONTO, Ontario M4E 1N2
Tel: (416) 691-9244

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Royal Inland Hospital
311 Columbia Street
KAMLOOPS, B.C. V2C 2T1
Tel: (604) 374-5111 ex 532
ENVOY: DR.HEINO



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BIBLIOTHECA MEDICA CANADIANA



VOLUME 10 NUMBER 3 1989 ISSN 0707 - 3674

INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTEURS

The **Bibliotheca Medica Canadiana** is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library. Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome.

La **Bibliotheca Medica Canadiana** a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillent dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillent dans les bibliothèques de petite taille et les bibliothèques relativement isolées. Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus.

Indexed In/Indexé par: **Library and Information Science Abstracts (LISA); Cumulative Index to Nursing and Allied Health Literature (CINAHL).**

A subscription to **Bibliotheca Medica Canadiana** is included with membership in CHLA/ABSC. The subscription rate for non-members is \$50 per year.

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Subscription Address / Abonnements:

Canadian Health Libraries
Association / Association des
bibliothèques de la santé du Canada
P.O. Box / C.P. 434
Station / Succursale K
Toronto, Ontario M4P 2G9
Envoy: CHLA

PUBLISHING SCHEDULE 1988 - 1989 CALENDRIER DE PUBLICATION:

Deadlines for submission of
articles:

volume 10(3) 2 December 1988
volume 10(4) 10 March 1989
volume 11(1) 9 June 1989

La date limite de soumission
des articles:

volume 10(3) 2 décembre 1988
volume 10(4) 10 mars 1989
volume 11(1) 9 juin 1989

INFORMATION FOR CONTRIBUTORS

MANUSCRIPTS

The editors of **Bibliotheca Medica Canadiana** welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada.

Contributions should be submitted in **duplicate** and the author should retain one copy. Contributions should be **typed double-spaced** and **should not exceed six pages or 2100 words**. Pages should be numbered consecutively in arabic numerals in the top right-hand corner. Articles may be submitted in French or in English but will not be translated by the editors or their associates. Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the **Oxford English Dictionary**; exceptions shall be at the discretion of the editors. Contributors who wish to submit their work in machine-readable format should contact the editors in advance to ensure that compatible equipment is available in the editorial offices.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

REFERENCES

All references should be given in the Vancouver style; see **Canadian Medical Association Journal** 1985;132:401-5. Contributors are responsible for the accuracy of their references. Personal communications are not acceptable as references. References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

ILLUSTRATIONS

Any illustrations or tables submitted should be black and white copy camera-ready for print. Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text. Illustrations and tables should include appropriate titles.

AVERTISSEMENT AUX AUTEURS

MANUSCRITS

Les rédacteurs de la **Bibliotheca Medica Canadiana** sont à la recherche de manuscrits ou d'autres renseignements portant sur le vaste domaine de la bibliothéconomie dans le contexte des sciences de la santé. Nous recherchons tout particulièrement des articles relatifs à la situation au Canada et à des thèmes d'actualité.

Les articles devraient être remis **en deux exemplaires** et l'auteur devrait en garder une copie. Les articles devraient être **dactylographiés à double interligne et ne devraient pas dépasser six pages ou 2100 mots**. Prière de numéroter les pages consécutivement en chiffres arabes en haut de la page à droite. Les articles peuvent être remis en français ou en anglais, mais ils ne seront pas traduits par la rédaction ni par les associés de la rédaction. Le style d'expression écrite se conformera à l'usage et à la syntaxe acceptables du français; il est préférable d'éviter l'argot, les sigles et autres abréviations obscures. L'orthographe se conformera à celle du **Robert**; les exceptions à cette règle seront à la discrétion de la rédaction. Les auteurs qui désirent remettre leurs manuscrits sous forme électronique devraient communiquer à l'avance avec la rédaction afin de s'assurer que l'équipement compatible est disponible aux bureaux de la rédaction.

Tout article devrait s'accompagner d'une lettre explicative fournissant les informations suivantes: nom de l'auteur (dactylographié), son titre et lieu de travail, ainsi que tout autre détail que l'auteur jugerait utile à la rédaction.

REFERENCES

Toute référence devrait être citée selon le style dit de Vancouver; voir le **Journal de l'Association médicale canadienne** 1985;132:401-5. Les auteurs sont responsables de l'exactitude de leurs références. Les communications de nature personnelle ne sont pas acceptables comme références. Il ne faut citer une référence à un ouvrage inédit que si ce dernier est disponible à une adresse indiquée par l'auteur.

ILLUSTRATIONS

Les illustrations et les tableaux doivent être en noir et blanc, et prêts à l'impression. Les illustrations et les tableaux doivent être clairement identifiés en chiffres arabes et avoir des renvois clairs dans le corps du texte. Les illustrations et tableaux doivent comporter des titres pertinents.

BIBLIOTHECA MEDICA CANADIANA NEWSGATHERING FORM

The editors welcome news items from members of the Canadian Health Libraries Association, or any news that may be of interest to members. Please feel free to copy this form in any way for submission, and to attach separate sheets for lengthy items.

APPOINTMENTS	Who	_____
HONOURS?	What	_____
AWARDS?	When	_____
	Where	_____

PROMOTIONS?	Who	_____
MOVES?	From	_____
RESIGNATIONS?	To	_____
	When	_____

SEMINARS?	What	_____
WORKSHOPS?	When	_____
	Where	_____

PUBLICATIONS?	What	_____
BOOK REVIEWS?	Where	_____
	Citation	_____

ACQUISITIONS?	What	_____
GIFTS?	Why	_____
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TRIPS?	Who	_____
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	Why	_____

From:

To:

J. Claire Callaghan, Editor
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BIBLIOTHECA MEDICA CANADIANA



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- .i Information for Contributors/
Avertissement aux Auteurs
- iv Newsgathering Form
- 101 From the Editors
- 102 Letter to the Editors - Eagleton
- 103 A Word from the President - Maes
- 105 Quelques Mots du Président - Maes
- 107 Report: Task force on Hospital
Library Standards - Greenwood
- 109 Continuing Education: CHLA and
Education - Marshall

CONFERENCE PAPERS

- 111 Workload Measurement Systems for
Librarians - Hersey
- 117 The Value of the Information
Professional - Matarazzo
- 121 The Service Imperative - Do Library
Services Improve the Quality
of Patient Care? - King
- 126 Developing the Role of the End-User
- Maranda

... continued

ORIGINAL PAPERS

- 130 A Century of Service, 1888 - 1988
- Mulloy
- 133 Regional Librarian Service in the
Ottawa Valley - Brown
- 135 Consumer Health Information
Services in England - Patrick

NEWS AND NOTES

- 139 People on the Move
- 140 From the HSRC - Pammett
- 142 Du CBSS - Pammett
- 144 New Publications
- 146 Meetings/Workshops
- 150 Reminder - Call for Nominations
- 152 CHLA/ABSC Board of Directors
- 153 BMC Staff

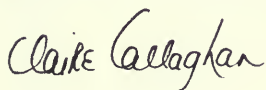
FROM THE EDITORS

1988 has come and gone -- how many of us kept those personal and professional resolutions that we set for ourselves a year ago? Or have we just applied them to 1989?

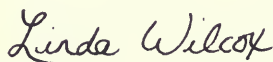
We are prepared to publish the finest collection of Canadian health sciences library literature. However, we can only achieve this end with your help... we suggest that you, the readers, become even more involved with your professional association and its journal. Articles, news, compliments, criticisms, suggestions etc. from all corners of our country are greatly appreciated. You can then be considered as a **contributor** rather than a reader...

Much of this issue is devoted to papers that were presented at annual or regional meetings. Our publication of these papers is a means for you to keep current with what is happening in the field of health care information. Florence Hersey's paper on "Workload Measurement Systems for Librarians" is both timely and relevant. James Matarrazo's paper on "The Value of the Information Professional" and David King's paper on "The Service Imperative -- Do Library Services Improve the Quality of Patient Care?" emphasize the **valued productive and effective service** that an information professional provides ... ah, music to our ears ... and further, gives us yet another goal to strive towards.

Best wishes to all of our readers and contributors for a happy and successful 1989.



Claire Callaghan
Editor



Linda Wilcox
Assistant Editor

LETTER TO THE EDITORS

Further to my letter in the last issue of **BMC**, the National Library of Canada publication **BIBLIOTECH** can be obtained by libraries simply by asking to be put on the mailing list. **BIBLIOTECH** comes in several sections which are published more or less regularly. These are:

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ELECTRONIC MAIL and **ELECTRONIC MESSAGING** are the 2 publications which list Envoy and Fax numbers. **LIBRARIES AND THEIR CHARGING POLICIES** is very useful for ILLs.

Thank you for the opportunity to expand on my first letter.

Kathy Eagleton

Brandon General Hospital

Brandon, Manitoba

A WORD FROM THE PRESIDENT

Bill Maes

Head, Public Services
Medical Library, University of Calgary
Calgary, Alberta

The Fall Board meeting was held in Montreal at the beginning of October where the report of the Special Committee on CHA/MIS guidelines was presented by Johann van Reenen on behalf of the chairperson, Susan Hendricks. The Committee recommended that "CHLA establish a task force on 'Hospital Library Workload Measurement Indicators' to gather information, make recommendations, and to serve as a liaison between the Association and its membership". This recommendation was accepted by the Board, and the Task Force, to be co-chaired by Susan Hendricks and Jennifer Bayne, will begin initially to 1) solicit background information on workload measurement systems and to produce an annotated bibliography of key articles; 2) determine the extent and nature of present statistic recording in Canadian hospital libraries; 3) define library operations that might be monitored; and 4) suggest a programme of information and education to the Education Committee. Nine other objectives for the Task Force

were also presented by the Special Committee and accepted by the Board.

This undertaking is indeed an ambitious one and requires your participation and input in order to produce meaningful results. Its importance is emphasized by the fact that the MIS Project labelled the hospital libraries as "a service without national system" and assigned them an interim system until a national one is developed. Hospital libraries need to be concerned since the measurement criteria will directly affect budgets and staffing. As with the Task Force on Hospital Library Standards, it is much better that we develop such a system than those who have little or no knowledge of the library profession and its concerns.

An introductory article including the complete terms of reference for the CHLA Task Force on CHA/MIS Guidelines will appear in the next issue of BMC. Brief progress reports will appear in subsequent issues and in reports of Board Meetings and

the Annual General Meeting.

I am also happy to report that the terms of reference for the Joint SRCMSL/CHLA/CISTI I.L.L. Committee, drawn-up and approved by the Board, were also adopted by SRCMSL. The Committee "will find ways and means of managing the volume of inter-library loans efficiently and effectively and improving the speed of transactions by: a) coordinating any research in this area with research activities currently being conducted by CARL libraries and the National Library; b) reviewing both commercial and in-house I.L.L. software packages; c) recommending ways to enhance existing and/or to develop new national and local union lists of serials; d) re-examining CISTI/HSRC's role in the I.L.L. process; e) exploring the feasibility of making greater use of electronic network and gateway services; f) exploring the use of new communications hardware and software (including fax); and g) developing a uniform set of I.L.L. lending policies for all Health Sciences Centres". The Committee will also "consider and recommend alternatives to the current methods of funding I.L.L.'s".

This Committee is the direct result of a recommendation in the Flower Report. Our representative is Donna Dryden.

Other items of importance were discussed at the Board meeting but these, hopefully, you will have an opportunity to review in the minutes sent to each Chapter president. May I wish you all on behalf of the Board a happy and prosperous New Year.

QUELQUES MOTS DU PRESIDENT

Bill Maes

Chef des services publics
Bibliothèque Médicale, Université de Calgary
Calgary, Alberta

C'est lors de sa réunion d'automne, à Montréal en octobre, que l'exécutif reçut le rapport du Comité Spécial sur les directives de CHA/MIS de Johann van Reenen de la part de la directrice, Susan Hendricks. Le Comité recommanda que le ABSC établisse un groupe d'action pour étudier les indicateurs de les dimensions de la répartition de travail des bibliothèques des hôpitaux, ayant pour but de rassembler l'information, de faire des recommandations, et de servir de liaison entre l'Association et ses membres. Cette recommandation fut acceptée par le Comité d'Administration. Le Groupe d'Action, co-dirigé par Susan Hendricks et Jennifer Bayne, commencera initialement (1) à solliciter de la documentation de fond sur le système de mesurer les dimensions de la repartition du travail et de produire une biographie annotée des articles clés; (2) à déterminer jusqu'à quel point existe le record actuel de statistiques dans les bibliothèques des hôpitaux canadiens, et de quel le sorte il s'agit; (3) à définir les

opérations des bibliothèques qui pourraient être observées; et (4) à suggérer au Comité d'Education un programme d'information et d'éducation. Neuf autres objectifs pour le Groupe d'Action furent aussi présentés par le Comité Spécial et acceptés par l'Exécutif.

Cette entreprise est en effet ambitieuse et, afin de produire des résultats significatifs, elle nécessite votre participation et l'information que vous pouvez fournir. Son importance est soulignée par le fait que le Projet "MIS" a défini les bibliothèques des hôpitaux comme "service sans système national soit développé. Les bibliothèques des hôpitaux doivent être intéressées puisque les critères de mesure affecteront directement les budgets et le personnel. Comme nous l'avons vu avec le Groupe d'Action sur les standards des bibliothèques des hôpitaux, c'est mieux que ce soit nous qui développons un tel système que ceux qui ont très peu d'information (ou aucune information) sur les professions de bibliothèque et sur leurs

intérêts.

Un article introductoire incluant les termes de référence complets pour le Groupe d'Action du ABSC sur les directives du CHA/MIS paraîtra dans la prochaine publication du BMC. De brefs rapports des progrès paraîtront dans les parutions ultérieures, ainsi que dans les rapports des Réunions de l'Exécutif et de la Réunion Générale Annuelle.

Je suis aussi heureux de vous informer que les termes de référence pour el Comité Paritaire "I.L.L." de SRCMSL/ABSC/ICIST, prescrits et approuvés par l'Exécutif, furent adoptés par SRCMSL. Le Comité trouvera des méthodes de gérer efficacement le volume de prêts interbibliothécaires et d'améliorer la vitesse des transactions (a) en coordonnant toute recherche dans ce domaine avec les activités de recherches actuelles des bibliothèques régionales et de la Bibliothèque Nationale; (b) en revoyant tous les logiciels "I.L.L." commerciaux et que nous possédons déjà; (c) en recommandant des façons de hausser les listes de périodiques d'union

qui existent et/ou d'en développer de nouvelles listes nationales et locales; (d) en réexaminant le rôle du ICIST/CBSS dans le procédé du "I.L.L."; (e) en explorant la meilleure façon d'utiliser le réseau électronique ainsi que les portes de services; (f) en l'explorant l'emploi des nouveaux développements d'informatique et de communication; et (g) en développant un système uniforme de règlements de prêts de "I.L.L." pour tous les Centres de Science Médicale. Le Comité considérera et recommandera aussi des alternatives aux méthodes actuelles de finance pour le "I.L.L."

Ce comité est un résultat direct d'une recommandation dans le Rapport Flower. Notre représentante est Donna Dryden.

Des autres questions d'importance furent discutées à la réunion de l'Exécutif. Nous espérons que vous aurez l'opportunité des revoir dans le compte-rendu envoyé à chaque président.

Permettez-moi de vous souhaiter, de la part de l'Exécutif, une année heureuse et prospère.

REPORT FROM THE CHLA/ABSC TASK FORCE ON HOSPITAL LIBRARY STANDARDS

Jan Greenwood, Chair

Manager of Library Services,
Ontario Medical Association,
Toronto, Ontario

The Task Force held its Fall meeting at the O.M.A. on November 18-19, 1988. While much was accomplished, it became clear that phase two of the project will be an even greater challenge than that posed by the revisions to the CCHFA standards.

After evaluating the hospital data accumulated to date the Task Force recognized that further clarification of outpatient and library personnel figures would be greatly helpful. It was for this reason that you received during December a second questionnaire which I hope has now been completed by all CHLA/ABSC hospital libraries.

Considerable time was devoted also to planning the background documents and reviewing the quantitative guidelines of the **Albany Manual** which, as most CHLA/ABSC members are aware, is being used as a prototype for the CHLA/ABSC document.

A difficult issue facing the Task Force is the discrepancy between the apparently similar services being offered by hospital libraries of all types and sizes (as exhibited in the questionnaires) and the relative complexity and number of those services depending upon the mandate of the given institution. To use an obvious example, clearly the information needs (and demands) of the patrons in teaching institutions are

significantly different from those in small, general health care facilities. An effort will be made in the drafting of the quantitative guidelines to reflect such obvious differences. In the standards themselves, as some of you will have noticed, the term "should" rather than "shall" has been employed to denote services or practices which might only be feasible in larger and/or more complex institutions according to the indicators now being drafted and which will be based upon the data derived from the completed questionnaires.

A review of the proposed background documents also lead the Task Force to the conclusion that changes in information technology - and the recent CHLA/ABSC policy statement thereon - have implications which call for a slightly different approach to the supplementary information earlier envisaged for Standard IV. Rather than drawing upon diagrams and illustrations published by the Medical Library Association (see pages 27-29 of the first draft), the Task Force will be developing spatial lay-outs and space formulae which more readily reflect physical planning needs posed by the new technologies.

At the time of writing there is still a glimmer of hope that the second draft of the Task Force document will be ready for distribution with this issue of **BMC**; if not,

undoubtedly to the dismay of our trusty treasurer, another mailing will soon follow. I am currently in the process of writing that draft but there remains much work to be done and the necessary critical process of editing by the other Task Force members has yet to be undertaken. Our schedule is extremely tight with a final meeting tentatively scheduled on March 3-4, 1989. Please, therefore, respond quickly to the second draft with your concerns, criticisms and questions so that we may benefit from your consideration. A final public discussion of the Task Force will take place at the Annual Conference in Ottawa in May 1989 during which we hope to be able to clarify the process of deliberation and acceptance by CCHFA.

Apart from specific responses to the second draft you can contribute to the success (or failure!) of the final product by submitting suggestions for any specialty core lists of recommended materials or references which we may have overlooked in the reading lists. As always we look forward with gratitude to hearing from you.

CONTINUING EDUCATION

CHLA AND EDUCATION: WHAT LIES AHEAD?

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Toronto, Ontario

When I ran for the CHLA Board I expressed my interest in and commitment to education for health sciences librarianship. And so, here I am, your new CE Coordinator! Although this job carries with it a big responsibility, it is also an exciting time to be rethinking the educational role of CHLA. I would like to express my thanks to Ann Barrett for all her efforts as the previous CE Coordinator and wish her luck in her new adventure in Papua New Guinea.

We are living in a time of rapid change as librarians--all sorts of new capabilities are becoming available to us through new technology. As the title of the recent ACMC/CHLA report "Libraries without walls" reminds us, our libraries are no longer bounded by our own collections. Various kinds of networks and electronic tools make it possible for us to tap into many different libraries. The expectations of our library users also continue to increase as they become aware of new technological capabilities.

All of these developments create a major educational challenge for health sciences librarians and for CHLA. We need to find effective ways of: 1) keeping up with new developments; 2) assessing the value of

new technologies and tools for our libraries and users; and 3) learning new skills. In the years since CHLA was formed, we have developed a number of educational mechanisms. We usually think of the courses offered in conjunction with our Annual Meetings as the major CE event of the year. This CE Column has also been an attempt to provide education for the membership. Most recently our CHLA President, Bill Maes, initiated the useful Fact Sheets that accompany each BMC issue. These Fact Sheets, with their concise summaries of new technologies and discussions of health sciences library applications certainly have educational value.

I think that we need to think very broadly about a "programme" of educational activities in CHLA. The standard one-day CE courses will continue to be important, but we should recognize the educational value of our entire Annual Meeting, our Chapter activities, and BMC. There is also potential for broadening our CE activities through cooperation with other associations with similar interests. An example of this type of cooperation is the current joint sponsorship by the Ontario Hospital Library Association (OHLA) and CHLA of a series of programmes for health sciences librarians

through Telemedicine Canada. If we have a commitment to the future of our profession, then we should also be concerned with the basic education for health sciences librarianship provided in our universities and colleges.

Some specific educational goals for CHLA for the coming year follow:

- * to promote high quality CE courses and programming at the Annual Meeting and through CHLA Chapters.
- * to further explore cooperative CE ventures with other organizations.
- * to continue using BMC as an educational tool that can reach the entire membership.
- * to encourage knowledgeable CHLA members to become providers of CE, e.g. as course instructors, speakers, or through BMC.
- * to investigate the current status of education for health sciences librarians in Canadian universities and colleges.
- * to continue assessing the educational needs of CHLA members as a basis for future activities.

If we are serious about our educational activities, then we also need to learn more about new educational methods and techniques. I would like to use the BMC CE Column to highlight some of these educational ideas over the next year. I hope that these ideas will be useful to the Annual Meeting planners and to Chapter executives who are responsible for developing CE activities.

I would welcome your input as a CHLA member on these educational goals. We will have an opportunity to discuss them in more detail at the Annual Meeting in Ottawa in May 1989. But if you have some ideas, don't wait for Spring. Please write, call, or ENVOY me soon with your views!

WORKLOAD MEASUREMENT SYSTEMS FOR LIBRARIANS*

Florence M. Hersey

MIS Director
Valley Health Services Association
Kentville, Nova Scotia

INTRODUCTION

Economic pressures and consumerism are being felt by all health care agencies. We are striving to provide services demanded by an increasingly aware and sophisticated public on the one hand while attempting to cope with increased funding restrictions on the other. We can anticipate that the public will become even more knowledgeable, sophisticated, and demanding and it is unlikely that funding restrictions will disappear. In fact, we can all anticipate increased scrutiny by our funding agencies while they too strive with political and economic pressures to at least cap the percentage of the GNP being spent on health care. This environment has, at least in part, fostered something of an information revolution in the health care field.

The most successful hospitals and hospital services in the coming years will likely be those that have well-developed strategic and operational planning processes

in place and have the ability to demonstrate accurately what departmental services they are providing, how efficiently they are providing them, what resources they are using, and how effectively they are providing their services. We must be able to assess new equipment not only in terms of up front costs but in terms of ongoing operational costs, the resulting efficiency and effectiveness of new systems, the impacts on related services, and the impact on staffing.

MANAGEMENT INFORMATION SYSTEMS GUIDELINES

As providers of library services to health care and health related institutions you need to understand the current information system structure within health care institutions and be able to structure your own unique information needs in a manner that is understandable to those agencies. It seems apparent that the MIS Guidelines are and will continue to have a major impact on health care information systems. The MIS Guidelines provide a framework to meet hospital needs. They are a comprehensive set of standards designed for management information systems in Canadian health care facilities.

* This paper was presented at the 12th annual meeting of the CHLA/ABSC, June 11-15, 1988 in Halifax, Nova Scotia.

The current 19 manuals provide organized and detailed standards for the recording of staffing, financial, workload, patient care, and management information. These guidelines will enable health care facilities to develop systems that identify resources, costs, and products. Systems developed or modified to comply with the MIS Guidelines' departmental dimension of reporting will provide answers to the efficiency question, "How many and what kinds of resources at what cost are required to produce a specific product within a specific service or department?"

This type of information will help all departmental managers: i) establish realistic productivity targets; ii) accurately assess, monitor, and control productivity against such targets; iii) staff their departments appropriately in accordance with productivity standards and utilization fluctuations; iv) assess costs and benefits of new technology on an ongoing basis; v) evaluate and monitor alternative methods of providing departmental services; vi) budget accurately and appropriately for personnel, materials, and equipment; vii) accurately predict the impact of new programs and/or the deletion of existing programs; viii) monitor efficiency of providing departmental services related to volume, productivity, and costs; ix) identify resources required to provide services at varying quality levels; and x) apply effective management practices.

In summary the MIS departmental dimension of reporting provides a basis for a more business-like approach to management of departmental resources.

Although perhaps not as relevant to your particular services, you should be aware

that the next level of reporting embodied in the Guidelines is the global dimension. Hospitals implementing at this level will expand their information base to capture data on a patient specific basis so that they may address the effectiveness question, "How many and what types of resources are required to treat a specific patient or group of patients?"

From a broad perspective the MIS Guidelines provide the following major components: a) new accounting systems, which when used in conjunction with the full MIS Guidelines will result in significant gains in the meaningfulness of management information and peer group comparisons; b) workload measurement systems, which currently provide a standard means of recording in Nursing Inpatient Services, Ambulatory Care Services, and Diagnostic and Therapeutic Services and, as we shall see, have the potential to do the same for many other services; c) statistical data capture systems that provide for the reporting of financial, workload, activity, staffing, and profile statistics; and d) methodologies for computing financial, staffing, productivity, utilization, and workload indicators.

The anticipated benefits for health care facilities include an improvement in the usefulness of data including an increase in accuracy, consistency, and comparability of data; the creation of standard performance indicators that assure that assessments will use identical performance indicators; an improvement in program planning and increased managerial confidence in predicting the impact of programming; and an increased ability to assess the impact of treatment methods.

WORKLOAD MEASUREMENT SYSTEMS

As indicated, thus far the major target groups for workload measurement systems have been those disciplines rendering services directly to patients. However, all of the benefits that these groups have envisioned and produced are just as applicable to any service group seeking to have better tools with which to manage their departments and to clearly define their role in the health care setting. This concept has already been recognized by a number of Administrative and Support Service groups and workload measurement systems are in place or are being developed for areas such as house-keeping services, physical plant services and health records services.

What is a workload measurement system? The primary purpose of a workload measurement system is to provide the basis for expressing the volume of activity of a service, in terms of a standardized unit of activity or productive personnel time. A comprehensive workload measurement system should contain two essential components: a classification of all the prime activities and the service related activities, and a methodology by which personnel may measure and record the time spent in performing these activities.

Where does one get a workload measurement system? Within the health care system, workload measurement systems have often begun in facilities or regions where managers have recognized the need for identifying and quantifying their services. They have tended to begin such developments themselves or in some cases they have contracted a professional vendor of such

systems to develop a system for them. These beginning efforts often provide valuable ideas and models for some of the national systems.

The national workload systems that have become the norm in health care facilities have certain advantages, especially in the area of comparative reporting, that make them particularly useful. In view of the stated objectives of the MIS Project it is therefore not surprising that, where national systems exist, their implementation is recommended.

National workload measurement systems in health care facilities are developed and maintained by the National Hospital Productivity Improvement Program, which is a joint, cost-shared Federal/Provincial Government program, directed by the Federal/Provincial Sub-Committee on (Hospital) Productivity Improvement. For each unique workload measurement system a working group is set up to develop, test, implement, and later maintain a discipline specific system. The working groups typically are composed of representatives from the Department of Health and Welfare, the discipline's National Professional Associations, the Canadian Hospital Association, Provincial Government consultants, the MIS Project, and Statistics Canada.

Three major methodologies are used in Canadian health care facilities for workload measurement systems: actual time-recording methodology, average time-recording methodology, and standard time-recording methodology. The actual time-recording methodology requires that the actual time spent in performing an activity be recorded after completion of that activity. Such

methods, which are currently used by services such as Physiotherapy and Social Work, equate one minute of service time with one unit of service.

The average time-recording methods require that personnel record the number of times each clearly defined procedure is performed. Specific time values are then applied to each procedure. The appropriate time values are determined by analyzing a sample of data from Canadian health care facilities of varying sizes to achieve the average number of minutes of technical, professional, clerical, and/or aide time that it takes to complete a defined procedure once. The sum of all total units of service per procedure yields the total units of service for the department. The total units of service represent a proxy measure of the total number of minutes of personnel time spent in the performance of departmental activities. This methodology is employed for national workload measurement systems in such areas as Clinical Laboratory and Pharmacy.

The standard time-recording method is similar to the average time-recording method in that each procedure is assigned a standard time, to be applied each time it is performed. However, the difference lies in that the standard times are facility specific; that is they are derived from time studies done within the facility, and therefore reflect the style of practice within that facility. This methodology is used by some of the nursing workload measurement systems.

Each of these three methodologies has its own set of strengths and weaknesses. The actual time-recording methodology is relatively easy to implement since it does

not require detailed time studies; it is relatively accurate in reflecting the actual time spent in the performance of activities; it appears to fairly accurately reflect real changes in productivity; and in terms of comparative reporting, differences in productivity can be used to identify differences from one facility to another. This system's weaknesses include problems in assessing the appropriateness of the volume of workload generated within a given period of time or the resulting productivity levels since the units of service cannot be related to facility or national average standard times. In addition, this methodology may be somewhat inaccurate since it is based on the subjective recall of how time was spent.

With the average time-recording methodology the assigned unit values remain constant over limited periods of time. Therefore, while the value of the productivity index may not be completely accurate for a particular facility, changes over time in the value of this indicator show apparent variations in productivity within that facility. This is also a relatively easy and cost effective type of system to implement since individual facilities are not required to do their own time studies. Weaknesses for this type of system lie in the fact that assigned unit values may not accurately reflect the facility's average time required to perform certain tasks and therefore the productivity index may be legitimately low or inflated compared to its actual situation.

The standard time-recording methodology offers the advantage of more accurately reflecting the real situation in a particular facility. It is therefore very effective in monitoring the productivity of the service in that facility, particularly if the

standard times reflect the most efficient way of performing the procedures; if this is not the case then important efficiency issues are in danger of being overlooked. This methodology does require that each facility depend on its own resources to develop standard times based on standardized timing protocols which tend to be fairly expensive and time consuming.

Once a workload measurement system is in place the issue of who records workload inevitably arises. The MIS Guidelines have defined three broad occupational groups that help sort out this dilemma. Management and operational support are defined as those people whose primary function is the management and/or support of the operation of a service i.e. director, supervisor, or secretary. Unit-producing personnel are defined as those people whose primary function is to carry out activities that directly contribute to the fulfilment of the service mandate. Senior students who require minimal direct supervision are usually included in this unit producing category. The third group of personnel are the medical personnel who are compensated by the facility for their professional services. The allocation of personnel to one of three broad groups depends primarily on the job they were hired to do, and, in some cases, where this mandate is a mixture of two of the broad occupational groups, it becomes necessary to allocate his/her hours and expenses between the two.

CONCLUSION

I would like to summarize the basic structure that you as a professional body should consider if you decide to pursue a national workload measurement system.

You will need to carefully consider and express the purpose of your system. You will have to decide on one of the methodologies for recording that workload, i.e. an average time-recording methodology, a standard time-recording methodology, or an actual time-recording methodology. You will find it necessary to classify and define certain related activities such as administrative and support functions; services to hospital; community and professional bodies; teaching functions; and research activities.

Once you have defined what it is that you do, you will need to develop a methodology for measuring and recording that workload and a methodology for calculating workload. Since users of your system will come from institutions of various sizes and complexity you may want to look at developing a system that has certain basic components for all institutions but that can be expanded to include more detailed information for those with more precise needs and the ability to collect that level of detail.

Finally and very importantly you will want to formulate a guide for managers to use in learning to interpret their workload statistics, analyzing comparative reporting, and reporting the outcome to other managers and government agencies.

The implementation of a workload measurement system is a task not to be taken lightly and it requires time and resources. The rewards, however, include a significant move toward being able to effectively plan, budget for, and control library service operations. The need to monitor such complex services with a few bottom line numbers could be truly a thing of the past.

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THE VALUE OF THE INFORMATION PROFESSIONAL*

James M. Matarazzo, Ph.D.

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In 1986 Frank Spaulding, President, Special Libraries Association 1986-87, appointed a Task Force to investigate approaches to determining the value of information and the value of the information professional. Chaired by James M. Matarazzo, the Task Force included Miriam A. Drake, Helen Manning, Ann W. Talcott, James B. Tchobanoff and Allen B. Veaner. The Task Force, having found that little research was available, produced a series of reports to prove value.

INTRODUCTION

Allen Veaner, Principal, Allen B. Veaner Associates sets the stage in the introduction to the **President's Task Force on the Value of the Information Professional** by pointing out that the products of libraries and library professionals have been traditionally given away. He also reminds the reader of the

report that those who use the products of the information professional frequently take over the results presented to them as their own. Finally, Veaner conveys the feeling of the Task Force that the role of the information professional is creative and is a value-added activity.

VALUE OF THE INFORMATION PROFESSIONAL: COST/BENEFIT ANALYSIS [first report]

Miriam Drake, Director of Libraries, Georgia Institute of Technology, provides a useful review of cost benefit analysis; reviews the King Research study on the value libraries, and reminds the reader that the most valuable asset of employers is the employees' time and creative energy.

In late 1986, Georgia Tech implemented an online information system that is available to students and faculty anywhere on campus. Students can use the system from network connections in their dorm rooms. Faculty and students can dial in from home. The system contains five databases: GTEC (the Georgia Tech Library Catalog), Magazine Index, Computer Index, Management

* This keynote paper was presented at the annual meeting of the Upstate New York and Ontario Chapter of the Medical Library Association, October 12-15, 1988 in Toronto.

Contents, and Trade and Industry Reports. The annual operating cost of the system is approximately \$750,000. On the basis of preliminary estimates, 5,000 searches per week are conducted from remote (non-library) terminals and PCs, at an average cost of \$6.00 (\$1.50 database cost plus \$4.50 for user time). The average cost of a library search using printed materials in user cost alone is estimated at \$22.50. Using that average cost, the estimated annual savings in faculty time produced by the online system is \$1.2 million. Drake's study continues to demonstrate a \$336,000 savings through the use of the library's document delivery system to faculty.

THE CORPORATE LIBRARIAN: GREAT RETURN ON INVESTMENT [second report]

Helen Manning, Co-ordinator, Semiconductor Group Libraries, Texas Instruments Incorporated, surveyed over 700 engineers, managers, and scientists at TI and provided further proof of the value of the information professional. In 1987, TI's Houston-based library and its information personnel saved the company \$959,000, yet cost only \$186,000 to operate.

Manning has conducted annual surveys of users since 1979. In 1987, she added to her annual survey--which had included the time saved and increased productivity elements--to include the amount of time the librarian saved the users. She was able to demonstrate that library services saved TI \$268,000, that the librarian accounted for savings of \$167,000, that the value to TI for increased job proficiency was \$523,000, for a total benefit to TI of \$959,000. The return

on investment in this study is 515%. (Compare that to the median return on assets for Fortune 500 electronics firms of 4.1% for 1986.)

Similarly, in the time saved category, Manning proves that 19,824 hours, or 8.9 person years, were saved at TI. She concludes that hiring a librarian is one of the best investments a company can make.

THE VALUE OF THE INFORMATION PROFESSIONAL: THE VIEW FROM THE TOP [third report]

James M. Matarazzo is now conducting a study on excellence in corporate libraries, including 13 libraries identified as "outstanding" by representatives of the six largest chapters of the Special Libraries Association. As part of the Task Force's study on the value of the information professional, corporate managers in the 13 companies were asked to comment on the value of the information professional to their corporation. Two viewpoints are included.

Dr. Ronald Easley, President/CEO and Chairman of the Board, System Planning Corporation says: "The value of the library staff is their ability to get information for the research staff--to know where to find it. These people are more important to us than the books, documents, and searches. It comes from years of experience--the ability to hear what a person wants and figure out where to get it."

"The library staff is an extension of the research staff. It is more cost-effective to have the library professional search for information needed by researchers.

Researchers have to be careful of their time. The value is shown by the yearly increases in use. Two-thirds of the librarian's time is spent with the researchers, which is fine with me."

W.R. Wirth, Jr., Executive Vice-President, Corporate Resources, Foote, Cone and Belding says: "Being in the service business, we are acutely aware of the critical difference that people make to our operations. As an old advertising saying goes, "Our inventory goes down the elevator every night."

"Anyone can buy computers or subscribe to data banks and other information resources. But what John Kok has done is gather and train a group of professionals who know how to exploit those resources to meet the particular information needs of our organization. He and his people are critical to the success of our information center. They add the value that yields returns from the investment."

A CASE STUDY IN ADDING INTELLECTUAL VALUE: THE EXECUTIVE INFORMATION SERVICE [fourth report]

Through a case study of a high-tech company's Executive Information Service, Ann Talcott, Library Management Consultant, Short Hills, NJ, portrays the successful information professional. Because of confidentiality constraints, the company is referred to as High-Tech, Inc., and the information professional as John Infoman.

Using the first example, John Infoman will compile a 5-to-10-page report for each

company to be visited. For each, he will include the corporate mission, marketing strategy, R&D activities, key financial data and ratios, and bibliographies of key officers, as well as five background articles prioritized as to the necessity for reading.

Infoman, Talcott writes, anticipates needs, takes an active role, and, like a chess grand master, recognizes positions on the board--which we might also liken to the pattern matching of the chess grand master. Infoman is described in Ann's case by his clients as unique and indispensable.

THE IMPACT APPROACH: VALUE AS MEASURED BY THE BENEFIT OF THE INFORMATION PROFESSIONAL TO THE PARENT ORGANIZATION [fifth report]

James B. Tchobanoff, Section Manager, Technical Information Center, Research & Development Laboratories, the Pillsbury Company, defined the value of an information professional as the benefits that he or she has brought to the parent organization, measured in terms of money or time saved, liability avoided, or a positive change in the course of action of the organization. Corporate information professionals, primarily in technical or research settings, were asked for anecdotal evidence of the beneficial impact of one of their information staff on the overall organization. In all of the cases, a combination of factors contributed to the benefit, but the primary factor was the librarian or information professional. An example of one case study is as follows:

A manufacturing company had a research team of three scientists and four

technicians working on a project for one year, and they felt that they had a patentable invention in addition to a new product. When they filed their invention disclosure form, the company's patent attorney requested a literature search from the technical librarian prior to actually filing the patent application. While doing the research, the librarian found that the proposed application duplicated some of the work claimed in a patent that had been issued about a year before the team had begun its work. During the course of the project, the company spent almost \$500,000, an outlay that could have been avoided had they spent the approximately \$300 for the librarian to review the literature before beginning the project.

CONCLUSION

The Task Force's work provides a strong foundation for measuring and providing the value of the information professional. Real cost savings, time savings and increased productivity by the information professional have been demonstrated. The Task Force sees the higher levels of value-added services--abstracting,

summaries, rank options--as growing in importance and as necessary opportunities to prove the value of the information professional. The information professional provides value by helping others. You assist in decision making; you--the information professional--make others more valuable.

The Task Force believes it has given information managers the tools to use with management to prove value. Perhaps you can use one of these studies or replicate one of the methods. Perhaps the whole report will be of value to you and your management.

[The Task Force report may be received at no cost by writing to Special Libraries Association, 1700 Eighteenth Street, N.W., Washington, DC 20009 USA. Funding for the SLA Task Force Report was received from the Turner Subscription Agency, EBSCO, G.K. Hall, Frank Spaulding, SLA's Business and Finance and Library Management divisions and the Emily Hollowell Research Fund of the Simmons College Graduate School of Library and Information Science.]

THE SERVICE IMPERATIVE: DO LIBRARY SERVICES IMPROVE THE QUALITY OF PATIENT CARE?*

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INTRODUCTION

Health sciences libraries have, in recent years, been confronted with challenging questions concerning the value of their services. Some of these questions, perhaps the most difficult ones to answer satisfactorily, concern the contributions of health sciences libraries to patient care. How well do the information services of our libraries meet the clinical information needs of health professionals? How does the information identified by libraries contribute to the decisions health professionals make? What is the impact of the information and services we provide on the quality of care patients receive?

These are not the only questions we may ask about our services, but they are important ones, because much of the rationale for health sciences libraries is founded upon the perceived need for ready access to

current information by health professionals. Since many of us here today are at least passingly familiar with some of the studies of library information services and information use by health professionals, I will consider the question of the contribution of libraries to patient care from a slightly different perspective. How do health professionals involved in patient care solve problems and make decisions? What can we do to help them make better informed decisions? I plan to offer a summary of what we know about clinical decision making and the use of information in that process. Then I will return to consider some of the implications for our services.

RESEARCH ON CLINICAL DECISION MAKING

Research into the psychological aspects of decision making traces its origins to the 1952 publication of Egon Brunswick's book entitled **The Conceptual Framework of Psychology**, which conveyed the importance of understanding not only the cognitive processes involved, but also the context within which judgements are made.¹ Rigorous enquiry into medical decision

* This is a much abridged version of a paper presented at the annual meeting of the Upstate New York and Ontario Chapter of the Medical Library Association, October 12-15, 1988 in Toronto, Ontario.

making began almost immediately. Building on these early efforts, the large and diverse scholarly and research literature that has accumulated since the 1950's bears testimony to the complexity of the cognitive activities of clinicians. I will not attempt to review that large literature here, but instead refer you to several published reviews that provide insight concerning the scope and depth of research.^{2,3,4}

At the risk of over-generalization, we can say that clinical decision situations fall into four categories: (1) diagnostic decision situations, which involve determining what, if anything, is wrong with the patient; (2) treatment decision situations, which involve determining what treatment response, if any, is available and appropriate; (3) case management decision situations, which involve determining the course and management of the care process; and, (4) situations involving decisions about outcomes, aimed at determining the effectiveness of the care provided and the implications, if any, for further action. These four types of decision situations which configure the patient care process can be understood as a problem solving process aimed at effecting positive change in the health status of the patient. At each stage in the process, multiple steps may be required and further questions or problems may arise, each of which constitutes a subordinate decision situation. As research in clinical decision making has revealed, the complexity of these subordinate processes, especially those leading to diagnostic decisions, are complex, and the heuristics are not very well understood. Among the most perplexing areas is the one involving information seeking and use.

INFORMATION FOR CLINICAL DECISION MAKING

Clinical decision making is characterizable as an information-intensive activity subject to risk and uncertainty. Decisions at each stage are not only subject to error, but errors at one stage of the patient care process may compromise decisions made at later stages. Thus, an incorrect diagnosis may have catastrophic consequences. At risk are the patient and immediate family, the professional and economic state of the health professional, the health care institution with which the health professional is affiliated, and occasionally even the community and the public at large. The primary source of uncertainty is the **availability** and **quality** of information for decision making. Most of the information required for decision making derives directly from the patient in the form of clinical data. This is often supplemented by the informed interpretations of clinical data provided by colleagues.

Few studies have investigated the sources and impact of information for medical problem solving beyond these two types of information. Even so, we know that the published literature is an established source of information for clinical decision making in difficult or unfamiliar clinical situations. Many of the problems encountered by health professionals in using the literature have been noted in research on information transfer. Among the most important are the glut of published information, the varying quality of that information, and problems related to the time required to locate and/or acquire useful information from the literature. As a result, many health professionals are reluctant to make use of

the literature, and libraries, as often as they might. This is exactly the area in which our services can have greatest impact.

THE SERVICE IMPERATIVE

Research on clinical decision making establishes the principal criterion for assessment of information, information systems, and information services. Information is effective if it contributes to the resolution of the health professional's question or problem, just as a drug is effective if it helps the patient. Similarly, the information services of a library can be considered instrumentally effective if information contributing to resolution of the problem is identified and delivered -- just as a consulting health professional who contributes informed opinion that results in resolution of the patient's problem is instrumentally effective. Alternatively, information that fails to contribute to problem resolution is **ineffective**; an information service that fails to identify information contributing to problem resolution is ineffective; a library which fails to deliver information that contributes to problem resolution is ineffective. Moreover, similarly to a consulting health professional who provides information that leads to an erroneous decision, a library or library service which contributes to an erroneous decision is not simply ineffective, it is counter-productive.

If we are to aspire to professional service, and hope to be accepted as professionals who contribute significantly to patient care, we will have to assume some responsibility for our product. We must recognize that there are risks involved, and

accept those risks.

This morning, Dr. Matarazzo offered some examples, from a study commissioned by the Special Libraries Association, of libraries which have earned their place within their institutions and demonstrated their worth through "value-added" services.⁵ I think there is a message in those examples. It is not enough to simply acquire materials, organize them, and keep them neatly arranged. It is not enough to simply do an online search, hand over the printout, and provide photocopies of ILL's on demand. If we hope to make our services a truly contributory factor in patient care and earn the recognition of the health professionals and institutions we serve, we will have to provide a value-added product. How can we do that?

I would suggest that we must adopt **professional service** as our top priority. All of us provide service, of course. So what do I mean by professional service? Well, we should have as our goal providing an **effective** information product; a value-added product; a product that contributes to good clinical decision making. And our service in providing that information should necessarily meet certain standards.

The primary guiding principle in developing a value-added information product in our profession, just as in other health professions, should be: "First, do no harm". In her keynote address at the Medical Library Association Annual Meeting five years ago, Lois DeBakey (who is on the editorial board of several prestigious medical journals) argued that librarians should assume the role of "quality filters". We may find the prospect of eliminating the bad literature an imposing one. But we should never knowing-

ly give health professionals information of questionable quality without advising them of the fact. And we should make a point of identifying information of questionable quality as part of our professional responsibility. That means we must develop enough knowledge to recognize poorly designed studies and questionable conclusions when we encounter them.

Second, we should exercise our professional judgment to enhance the potential effectiveness of our information product, by emphasizing that which is most likely to be of greatest benefit to health professionals for problem resolution and good clinical decision making. An online search should be understood as a means to an end for us, not a final product. We should view an online search as something to which we, as professionals, can add value in order to increase its potential effectiveness. We should select from the items identified those which are most likely to meet the specific needs of our patron and, if nothing else, provide those items we judge the best along with the printout.

There should be nothing particularly dramatic or controversial in these suggestions. Many clinical medical librarians (CML) provide this level of service as a

matter of routine. But CML services reach only a small fraction of our clinical clientele. We may not be able to offer this level of service to every person who requests our services, but at the very least we should be striving to do so for any health professional seeking information for direct patient care. In so doing, we define a professional role for ourselves which extends beyond the bounds of the routine printout and caretaker of books, to encompass true mediation between the busy health professional and the accumulated knowledge of the literature.

We are, many of us, just beginning to face the facts about health sciences libraries. They are a means to an end for the institutions and clientele we serve, not an end in themselves. They have no **inherent**, unsailable right to exist. They are instrumental mechanisms, and as such, are only of value to the organization and to each health professional to the extent that they contribute to the goals of the institution and its members. Service that makes a difference is not simply desirable, it is a survival factor. In today's health care environment, that means we must aspire to professional services -- recognizably, indisputably, **effective** information services. That, to me, is the service imperative.

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DEVELOPING THE ROLE OF THE END-USER LIBRARIAN*

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A few years ago there was a great debate in the library literature: was end-user searching a threat to the status of librarians as online searchers or was it to spur librarians to embark on a new crusade to educate users on the appropriate use of online systems?

A 1986 survey sent to the members of the Canadian Health Libraries Association (CHLA) gathered librarians' feelings about end-user searching. In the report of the survey results, librarians felt that the library should be involved, but that the vendors should "live up to their responsibility" when it came to training and support of end users¹.

A later survey conducted at Loyola University's Medical Centre reports in the January 1988 issue of the **Bulletin of the Medical Library Association** that "when the user is trained by librarians or by both librarians and vendor specialists, the use rate

is higher ... than among users trained only by vendors."²

This certainly confirms the important role that librarians have to play in educating end-users, especially now that we all agree that end-user searching is here to stay. Many librarians have expanded their traditional role to include some formal training of end-users. This has changed our status -- but for the better: "... more users are now aware of how difficult, complicated, and time-consuming it is to produce quality online searches."³ As well, "the course places the librarian in the role of instructor, which can serve to enhance collegial relationships between librarians and physicians"³. My experience of the past year as end-user educator, has brought me to the very same conclusions.

The events that led up to the creation of my position at the Bracken Health Sciences Library of Queen's University will probably seem familiar to many readers. Online search requesters started to inquire about doing their own searches, - for example, secretaries phoned the librarian with "We have just received our micro-computer, can you tell me quickly how to do

* This paper was presented at the annual conference of the Upstate New York and Ontario Chapter of the Medical Library Association, October 12-15, 1988 in Toronto, Ontario.

a MEDLINE search?". The GPEP and Matheson reports described the future role of the library in medical education, and the success stories were being broadcast in many universities in the United States where end user training was already in place.

In my previous position as MEDLARS Coordinator for Canada, I was mainly responsible for the training of librarians, however at Bracken Library I was to set up an end-user searching programme. This shift basically translates into recognizing and adapting to the major characteristics of end-users: they are self-motivated but impatient; they have very specific needs but also great expectations; they are cost conscious but usually have poor keyboard skills; they may be computer oriented but they have no real skills in the use of the printed bibliographic tools.

I am finding that a number of participants leave the course with the decision that they will not do a MEDLINE search on their own. They do not, however, feel in any way that the course was a waste of time. The course has made them much more sophisticated library users and they are very happy to know something of the intricacies of online searching. They are now better equipped to request the library's search services. The benefit for us is that they value the librarians for what we have been trained to do.

It was soon decided to incorporate the MEDLINE end-user course into a more complete information literacy programme. The major components of this programme are almost all in existence in the library. First, like all academic libraries we have basic bibliographic instruction which we

tailor to the specific user groups both in terms of their areas of interest, and their specific needs at the time, with the depth of coverage and the stress on the index tools varying according to the level of complexity of the students' information needs. We now teach the use of our new online catalog in a workshop situation utilizing our teaching facilities that were first established for the end-user MEDLINE course. The end-user MEDLINE course has been offered almost monthly since October 1987. The course lasts ten hours and is split into sessions of two and a half, three and a half or five hours, depending on whether the course is offered during evenings, weekday afternoons or week-ends respectively. And finally, we also teach the use of a personal database management software called **Reference Manager**.

In other words, the emphasis is on access, retrieval and management of information. Individuals have the opportunity to learn how to search for factual information, books and journal articles using all the library tools at their disposal. Their bibliographic references may be obtained in machine-readable format to input into their own personal database.

To date, the MEDLINE and **Reference Manager** courses have been attended by faculty, residents and graduate students who have the more immediate need. Most have their own equipment and they see these courses contributing to time savings. The undergraduate students have only attended the formal bibliographic instruction, including the use of our online catalogue. Most faculties allow class time for this at the beginning of the fall term; however we find that group instruction at the beginning of

term, unrelated to an assignment, is not very effective. It is only when the students need to use the library that they come back for individual instruction.

It is therefore not only important that we reach ALL the students but also that we reach them at the RIGHT TIME. For these reasons, we feel that it is crucial that our information literacy programme be integrated into the health sciences curricula. The content and timing of the courses must parallel the students' requirements for information as their needs increase and develop in complexity.

A somewhat similar programme has been in existence for over ten years at the University of Tennessee Center for the Health Sciences⁴ with sequential instruction throughout the curriculum of the four year period of study.

Obviously, the librarians would have to work closely with faculty members in determining the optimum timing for certain components of the programme. A tentative outline for the programme would start with a basic orientation to the library's collection, services and facilities for first year students including instruction on the use of the online catalogue. The first essay assignment would require an overview of the biomedical literature and in-depth instruction on **Index Medicus**, the use of the medical subject headings (MeSH) and the tree structures. Later, students will also need instruction on

the use of other indexes and abstracts, as well as on the use of CD-ROM technology. A short course covering the major aspects of online database searching would be offered to third year students who would then work with a librarian in obtaining patient related information from the MEDLINE database. In the fourth year, students would learn how to perform their own searches and how to build a personal reprint file. Discussion of the various microcomputer software available to create a personal bibliographic database, office management systems, current awareness services and continuing education would complete the curriculum.

An optional course on **Reference Manager** would be available but cannot be required since one has to have access to this software for the course to be worthwhile. Our programme is not meant to teach computer literacy, although a side benefit of much of what the library would teach is a basic familiarity with computers and their applications in the health care field.

In conclusion, the aim of this information literacy programme is to equip students with the knowledge and ability to effectively use the full range of available tools for accessing, retrieving and managing information both during their initial education and throughout their careers. Librarians are information specialists...who else can better assume the role of end-user educator in this vital function?

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A CENTURY OF SERVICE, 1888-1988

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On November 1, 1988 the William Boyd Library of the Academy of Medicine, Toronto welcomed approximately 100 guests -- Fellows of the Academy, members of the health sciences and health sciences library communities, colleagues and friends -- at a gala evening celebrating the Library's centennial. The programme consisted of a lecture by Professor Edward Shorter of the University of Toronto, a reception in the library and a subscription dinner "upstairs" in the Academy.

Dr. Shorter's entertaining and enlightening talk was titled "Medical Libraries and Medical Progress in Historical Perspective." It clearly illustrated the state of medical science in the 1880's, the rise of the anatomical-pathological method, an increase in publication of medical journals and Toronto's need to establish a core clinical collection so that the city's physicians might keep abreast of scientific activity worldwide. Until the appearance of hospital libraries at the Hospital for Sick Children, St. Michael's and Toronto General Hospital in 1952, 1956 and 1964 respectively, and the opening of the University of Toronto's Science and Medicine Library in 1962, the Academy Library virtually stood alone as a resource for practising physicians. The

lecture ended on a congratulatory, optimistic and challenging note as Dr. Shorter reminded his listeners of scientific and technological advances occurring in both medicine and librarianship today. A transcript of this lecture will appear in the next issue of the **Bulletin of the Academy of Medicine** [v. 56(4), 1988].

A brief chronology of the stages of development of the Academy Library will serve to explain the rather puzzling statement that the Library predates the Academy itself, which was founded in 1907. Although earlier attempts had been made to establish a major medical reference library, Toronto physicians in 1888 found themselves sorely feeling the lack of such a facility. To remedy the situation, under the leadership of Dr. James E. Graham, representatives from the Toronto Medical Society, the Ontario Medical Association and the College of Physicians and Surgeons of Ontario created the Ontario Medical Library Association (OMLA), the forerunner of the present library. (The minute book recording the resolution "to open the library on the 1st of November" is part of an exhibit now on display in the Academy Library, depicting - among other things - the various stately homes occupied by the Library as well as a

chronology of Librarians and Chairmen of the Library Committee with accompanying photographs from the Academy Archives.) In 1907 the Toronto Medical Society, the Toronto Pathological Society and the Toronto Clinical Society merged with the OMLA to form the Academy of Medicine, with the medical library as its nucleus. In 1971 the Academy Library was officially named the William Boyd Library to honour a former Academy President, Library Chairman, and leading Canadian pathologist.

The first titular librarian of the OMLA was Dr. R.A. Pyne; the Curator of the Library was Dr. N.A. Powell. Miss Wasson was appointed Assistant Librarian at an annual salary of \$150.00. The first book in the collection was **Medical Essays** by Oliver Wendell Holmes, 1887 which was presented and inscribed by the author. Sir William Osler was among those who encouraged the establishment of the Library. He donated books and papers and initiated the Bovell Fund for Historical Books with a donation of \$500.00. Other illustrious names have been associated with the Academy... the discoverers of insulin among them. Banting read a paper co-authored by Best before the Academy in 1922 on "The internal secretion of the pancreas"; this paper (typed and signed by Banting) and his notebook now rest in the Academy Archives housed in the Library's Rare Book Room.

In 1889 it was reported that there were 1,300 bound and 250 unbound volumes in the Library; by 1907 the collection had grown to 4,600 volumes. In 1946 the total was 32,075 and today the Library holds over 65,000 volumes plus an equal amount of unbound material. The collection contains several special sections: the T.G.H. Drake

Collection (history of childcare), the Oscar Klotz Collection (pathology), the Wallace Graham Collection (rheumatology), the Stanbury Collection (hematology) and a section on the history of medicine, with emphasis on Canadian material. From April 1987 - March 1988 the Library circulated more than 18,000 items, performed 424 MEDLINE searches, 371 manual literature searches and answered over 1,000 quick reference questions. The Library provides service not only to personal and institutional members from the Toronto area and the rest of Ontario but also to students and members of the public. Toronto hospitals figure prominently among institutional members and rely on the Academy's extensive runs of journals.

In the tradition of such Academy Librarians as Margaret Charlton (whose term of employment as first full-time Librarian was 1914-1922), Edna Poole (1922-1952) and Marian Patterson (1951-1961), Sheila Swanson has served the Library long and well. At the 1988 CHLA conference in Halifax, she was awarded a CHLA/ABSC Honourary Life Membership in recognition of her contributions to the health sciences library field. Mrs. Swanson presided as hostess on the Library's special evening and in her gracious response to a toast to the Library she quoted from the following letter written November 22, 1906 by Assistant Librarian Miss Mary Watson: "As to myself, I do anything and everything, cataloguing included ... As I live in the building I am an easy prey and ten hours a day (Sundays not excepted) is too common a record." Mrs. Swanson noted with wry humour that 82 years later certain elements of this statement still hold true!

Through the years, the Library has prevailed over financial vicissitudes and remains a major resource centre for both current and historical medical information. The Library hopes to continue a Toronto tradition by sustaining its role of anticipating and satisfying the information needs of its members for yet another hundred years. We take this opportunity to express our thanks to those librarians who joined us in our celebration and to all who continue to support the Academy Library.

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REGIONAL LIBRARIAN SERVICE IN THE OTTAWA VALLEY: A BRIEF DESCRIPTION

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The Regional Librarian Service began in the Ottawa Valley, or what is also known as Region 9 of the Ontario Hospital Association, in 1984. Through a grant provided by the Medical Education Committee at the Ottawa Civic Hospital, a Pilot Project was mounted in the first hospital in October 1984 and continued through the summer of 1985, with the intent that the hospital would then pay for the Service on a continuing basis.

At the end of the first year the hospital administrator and physicians endorsed the Service but felt they could not afford it at that particular time. The second year, the Pilot Project was divided between two hospitals, and each were provided with two half-day visits per month by the librarian. At the end of the demonstration year, both hospitals agreed to continue the service on a cost basis.

A third hospital, which did not participate in the Pilot Project, also joined the Service and readily agreed to the costs. In the third year, there were three rural hospitals in the Ottawa Valley paying for the Regional Librarian Service and a fourth hospital was participating in the Pilot Project. Currently there are four hospitals

paying for the Regional Librarian Service and a fifth one is participating in the Pilot Project. In each case, it was clear to the physicians and health care team members that, after the demonstration year, this particular information service was a valuable resource for the provision of high quality patient care. We expect this last hospital will carry on the Service at its own expense next year.

Inquiries have been received from three more community hospitals who are prepared to purchase the Service without benefit of the demonstration 'free' year. We believe that the Pilot Project has served its purpose and that the need for it no longer exists.

Costs to a hospital consist of the librarian's salary for hours of service plus follow-up time, travel costs, and a service fee to the host Library. Computer searches and related interlibrary loans are billed separately. The modest service fees have been applied towards the purchase of a CD-ROM system and a subscription to Medline software for the host hospital.

The librarian carries a portable computer with her and has an assigned work area in each hospital. She assists the library

contact persons in organizing their small collections, weeding out obsolete materials and establishing kardexes and holding lists for their periodicals. She introduces them to the Network and the **Ottawa/Hull Union List of Serials** and explains how to use the services of the network members to the optimum. The librarian also prepares annual reports for each hospital.

The physicians are enthused about the currency and the speed and are not willing to do without the Service. Physiotherapists, nurses, and occupational therapists are also appreciative users. Positive evaluations indicate that the users are very satisfied.

The Regional Librarian Service meets a vital need for providing the latest information to members of the health care team. By this means, the quality of patient care is enhanced in these remote centres. We see a future of expanded growth as the word spreads about the Service and as Accreditation standards for libraries are enforced in community hospitals. This pioneering project has been a rewarding challenge and continues to offer new opportunities.

CONSUMER HEALTH INFORMATION SERVICES IN ENGLAND: A PERSONAL VIEW OF THE TOP TWO

Wendy Patrick

Nursing/Social Work Librarian
McGill University
Montreal, Quebec

Despite differences in the health care systems in Canada and the United Kingdom, the social philosophy underlying these systems is the same: health care is a right, not a privilege. Universality of access to care is now a basic tenet of both societies. The idea of health care as a commodity, to be bought and sold in the marketplace like any other commodity, has become increasingly unacceptable to Britons and Canadians. While we share a common medical literature and information technology with the Americans, the health-care-for-profit system of the United States can leave librarians on opposite sides of the border looking at health care, and the role of health libraries, from different points of view. Access to health care leads naturally to the question of access to health information; my experience as a nursing librarian has made me aware that health librarians must make consumer health information a priority if we are to make our full contribution to the goal of health for all.

Thinking and reading about health information over the past few years, I have been struck by the resourcefulness and energy shown by English librarians working under conditions similar to ours. In August

and September 1988 I had an opportunity to visit the two best-known consumer health projects in England: Help for Health at Southampton General Hospital and the Health Information Service at Lister Hospital in Stevenage, Hertfordshire. These projects take quite different approaches, but both are impressive achievements by health librarians who are making a contribution to local community health and well-being.

HELP FOR HEALTH

Help for Health began in 1979 as a project funded by the British Library. Under the guidance of librarian Robert Gann of the Wessex Regional Library and Information Service, the study investigated the needs of local health professionals for information about self-help groups and health-related organizations. Since that time the service has continued to grow, existing on hand-to-mouth funding until 1987, when it became an official part of the regional health authority.

Bob Gann is perhaps most familiar to Canadians as editor of the patient education column in **Health Libraries Review**, but as I

discovered, he has an impressive list of publications dealing with health information, including a two hundred and fifty page monograph, entitled **The Health Information Handbook**. I am a regular reader of his column, and I knew enough about his work to want to see Help for Health for myself. What I didn't know was just how much this quiet, unassuming man has accomplished in just under a decade of work in support of health information for the public.

Help for Health is located in Southampton, in a combined hospital and university faculty of medicine. I visited Bob Gann in August, and met one and a half members of the two and a half person staff. Although the service is based in the hospital, most questions are received by phone from the community. Doctors don't often make use of the service directly, although patients who call may have been referred by their GPs. Nurses, health visitors and social workers use the service more heavily, and many calls come from voluntary organizations and associations. Five to six hundred enquiries are handled each month.

The collection is organized by subject on the shelves, with books, leaflets, reprints and reading lists in plastic boxes with broad class numbers. Some items are photocopied for requesters, and multiple copies of popular pamphlets are kept for distribution. The service is offered free of charge to health professionals and the public within the Wessex Regional Health Authority. The Help for Health database consists of 1,000 national and 2,000 local self-help groups and several thousand books and leaflets on popular medical topics, self-care and self-help. Subjects and keywords are based on

MeSH, with British modifications. Under the name of **Helpbox**, the Help for Health database is sold on floppy disk, with quarterly updates available on subscription.

From the beginning, there has been a strong emphasis on self-help groups. Almost every disease and condition now has an association to support fund-raising for research, education and self-help activities. Help for Health has specialized in keeping track of these groups and agencies, whether large or small, and it is as much a referral service as a specific information service, in that it puts people and services in touch with each other. While I was in the library several calls were received and answered using the database -- a nurse in the Hospital's emergency department needed printed information on pain in Punjabi for a patient who spoke no English; a social worker wanted to know about financial help for a debt-ridden man with terminal cancer; and the neighbour of an elderly orthodox Jew who had suffered a stroke called looking for addresses of seaside holiday houses with kosher kitchens and light nursing available. How quickly could you answer these questions?

HEALTH INFORMATION SERVICE

The Health Information Service based at the Lister Hospital in Stevenage, Hertfordshire, has been in existence since the early seventies, when the appointment of a librarian was jointly financed by the National Health Service and the Hertfordshire Public Library Service. That librarian was Sally Knight, and she has been both midwife and mother to the HIS. She now has one of the largest and most

extensive consumer health collections in the UK, and the service she has developed is a splendid example of the contribution to the public good which hospital and public libraries can make when they work together. Her achievement was recognized in 1985 when the Health Information Service won the UK Consumers' Association WHICH? Jubilee Award.

I had read about the Lister service in **Health Libraries Review**, but it wasn't until I talked to Bob Gann that I realized how much had been achieved by Sally Knight. As it happened, a week after visiting Help for Health I found myself within a fifteen minute drive of Stevenage, and I took a chance and dropped in. Sally Knight was away, but the hospital's nursing school librarian, Lois Collings, very kindly showed me the collection and described the service to me. Like Help for Health, the Health Information Service is a free service to health professionals and the public, in this case covering the North Hertfordshire Health District. However, the two differ in a number of ways, and they are complementary rather than similar.

The Health Information Service has concentrated on giving individual callers information on specific cases and conditions. Some people come on referral from local doctors or health visitors, and some come in spite of their doctors, either because they feel they aren't getting enough information from their doctors or because they don't believe what they are told. The three and a half staff members are careful to give information only, never advice or interpretation of the information, and requesters are often referred back to their GPs or health visitors. While Help for

Health can answer questions quickly, often on the spot, by putting people in touch with sources, the HIS gives out the information itself, and thus takes much longer.

The collection consists of several thousand pamphlets and articles, grouped by subject in some three thousand hanging files and are distributed free or photocopied at no charge. Many of the articles are from the sixty or so popular magazines and nursing journals which Sally scans regularly for inclusion in **Popular Medical Index**. She has been producing this useful little work for several years, and the thesaurus for the Index forms the basis for assigning subject headings to the collection. Most queries can be answered either from **Popular Medical Index** or, surprisingly, from **Index Medicus**.

A few weeks later I went back to Stevenage to see Sally Knight. I spent half a day with her, and she had me roaring with laughter at her description of running HIS. We sat and talked, and all the while the phone rang, people popped in and out, and Sally leapt up and down answering questions from her staff. They are pressed to the limit now, and they fear the consequences of their increasingly high profile, as they really can't handle any more work than they have at present. People get handwritten answers scribbled right onto the worksheet, but they do get answers.

While Help for Health had seemed quietly efficient, the Lister service might be characterized as zany competent, and each was highly professional. In both Southampton and Stevenage I was struck by the atmosphere of informality and helpfulness, and the complete lack of that feeling of earnest self-importance which can

creep into medical libraries and the literature about them.

Bob and Sally are pioneers. Both have done an enormous amount of work, and they deserve to be better known than they are in Canada. They have set standards which are benchmarks in health library practice. In an era that tends to think big, they are showing us the power of local initiative and individual effort.

REFERENCES

Gann R. **The health information handbook: resources for self care.** Aldershot: Gower Publishing Co Ltd, 1986.

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Gann R: Role of self-help information and "Help for Health". **Pharm Update** 1986 Mar;109-15.

Kempson E. Consumer health information services. **Health Libr Rev** 1984;1:127-44.

Kempson E. **Informing health consumers: a review of consumer health information needs and services.** Report to the College of Health and the British Library, 1987.

Knight ST. Letting the genie out of the bottle: the liberating power of information. **Health Educ J** 1987;46(3):134-5.

NEWS AND NOTES

PEOPLE ON THE MOVE

BONNIE BROWNSTEIN, formerly the Reference Librarian at the C.C. Clemmer Health Sciences Library, Canadian Memorial Chiropractic College, assumed her new position as Reference Librarian at St. Michael's Hospital, Toronto, effective December 19, 1988.

JOHN COLE was appointed Head of Technical Services at the Medical Library, University of Calgary, effective October 31, 1988. He had worked at the Woodward Biomedical Library, University of British Columbia in various positions since 1976.

MADELINE GRANT has been appointed Health Sciences Librarian at the Baycrest Centre for Geriatric Care, Toronto. She most recently worked at Infoglobe.

TERESA HELIK left her position at the CNIB Library to become Head of Technical Services at the C.C. Clemmer Health Sciences Library of the Canadian Memorial Chiropractic College effective October 3, 1988.

DOUG MCINNES, the first head of UBC's Woodward Biomedical Library when it opened as a separate branch in 1964, will soon be returning to his former position. He left Woodward in 1967 to work in the library system's central administration, and has been University Librarian since 1981. **ELSIE DE BRUIJN** will remain as acting branch head until Doug assumes his new position in June of 1989.

BESSIE MCKINLAY retires as Librarian of the Hamilton Academy of Medicine after 20 years of service at the end of January 1989. Before attending the School of Library and Information Science at the University of Western Ontario in 1968-1969, Bessie was Head Nurse at Northwestern Hospital in Toronto from 1959-1968. Her colleagues in the Hamilton-Wentworth Health Library Network over the years, joined in wishing her well at a retirement party held on December 6th.

ANNE THORNTON-TRUMP has been appointed to the position of Head, Neilson Dental Library, University of Manitoba. Anne comes to Winnipeg after working for four years in the Cataloguing Department (the last three as Head) of the Texas Tech University Library of Health Sciences.

FROM THE HEALTH SCIENCES RESOURCE CENTRE

Dianne Pammett

Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
Ottawa, Ontario

The results from the June 1988 MEDLARS Subscribers Survey have been compiled and all the comments noted. HSRC received 471 completed questionnaires out of 808 (58% response rate) by August 15, 1988. We want to share the more interesting statistics and comments with all our readers.

Since the last survey in June 1987, there has been a major increase in the proportion of subscribers indicating personal use of MEDLARS versus organizational use. This trend will likely continue since almost all new applications for access codes currently being processed are for individuals.

235 (or 50%) participating subscribers (individuals and organizations) offer a search service, of which 195 are organizations. The remaining 40 individual subscribers consist mainly of physicians, researchers and consultants who search for their patients, colleagues or clients. 103 (or 22%) organizations extend this service to users external to their institutions, an increase of 5 centres since 1987.

We are pleased (and relieved) to report that over 20% of our subscribers are willing to help clients referred to them by us for MEDLARS searching. We will be adding their names and addresses to our list entitled, "Canadian MEDLARS Centres

Offering Search Services to Users External to Their Organization." Copies of this directory will be available on request once it has been updated, and will be sent to anyone who needs an occasional MEDLARS search and who would rather not apply for their own access code.

The great majority of participating subscribers use microcomputers to search the MEDLARS system (84% of all centres, 91% of the industrial sector). No doubt the availability of the user-friendly GRATEFUL MED software has encouraged the use of MEDLARS by microcomputer owners. The software is most popular with the academic sector (60% use it), and least used by the government sector (at 8%). We were glad to find out that some of you think it is "a terrific boon," and "an excellent programme." For those of you who are interested in a MacIntosh version of GRATEFUL MED, one is currently being developed, but its release has been delayed until early 1989.

CD-ROM technology has led to the development of a new information medium that is currently receiving much attention. The survey included several questions about MEDLINE on CD-ROM because we want to determine if this new medium is having an impact among our MEDLARS subscribers. The results indicate that interest in the format is growing. At the time of the

survey 19 libraries had installed CD-ROM systems. Of these, 14 are university libraries (3 of which charge for searches), 4 are hospital libraries, and 1 is a federal government library.

The results from the questions about MEDLARS course formats, locations and contents are proving very helpful to us as we plan our training schedule for the next year. While the demand for introductory courses remains high because of the many new MEDLARS subscribers, demand for more advanced and more specialized courses is increasing as older subscribers become more experienced in the system. The apparent interest in a GRATEFUL MED course has led us to consider developing a one day session consisting of an introduction to the software and a MEDLARS update/hints seminar.

We intend to continue offering courses across the country to meet the demand. The ten most preferred course locations were (in order by number of requests):

Toronto
Montreal

Ottawa
* Hamilton
London
* Calgary
* Halifax
Vancouver
Edmonton
* Victoria

Those cities marked with an (*) currently require a host facility. We would appreciate any offers.

If your local group could provide the physical facilities to host a seminar, we would like to hear from you. The requirements are: a room with sufficient seating capacity, overhead projector and screen, blackboard /whiteboard and/or flipchart, three or more terminals/microcomputers for online sessions, plus a monitor for demonstration purposes if possible. A minimum of six participants is required, with the host organization receiving one free registration in return.

Statistics compiled by Ina Mae Chan, 1988 Summer Assistant.

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE

Dianne Pammett

Centre bibliographique des sciences de la santé
Institut canadien de l'information scientifique et technique
Ottawa (Ontario)

Les résultats du questionnaire d'enquête envoyé aux abonnés du MEDLARS au mois de juin 1988 ont été compilés et tous les commentaires ont été relevés. Au 15 août 1988, le CBSS avait reçu 471 questionnaires sur les 808 envoyés (un taux de réponse de 58 %). Nous désirons faire part des statistiques et des commentaires les plus significatifs à tous nos abonnés.

Depuis le dernier sondage en juin 1987, nous avons connu une importante augmentation du nombre d'utilisateurs se servant de MEDLARS à titre individuel. Cette tendance se poursuivra certainement puisque toutes les demandes de code d'accès actuellement à l'étude proviennent d'individus.

Deux cent trente-cinq abonnés (50 %) (particuliers et organismes) ont indiqué offrir un service de recherche, de ce nombre 195 étaient des organismes. Les quarante particuliers sont des médecins, des chercheurs et des consultants qui effectuent des recherches pour leurs patients, leur collègues et leurs clients. Cent trois (22 %) organismes étendent ce service aux utilisateurs externes à leur établissement, soit cinq centres de plus qu'en 1987.

Nous sommes heureux (et soulagés) d'annoncer que 20 % des abonnés ont accepté de venir en aide aux clients que nous leur enverrons. Nous ajouterons leur

nom et leur adresse à la liste intitulée, "Centres du MEDLARS au Canada offrant des services de recherches aux usagers extérieurs". Cette liste pourra être obtenue sur demande une fois mise à jour et sera envoyée à tous ceux qui ont besoin à l'occasion d'une recherche dans le MEDLARS sans faire la demande d'un code d'accès.

La plupart des abonnés ayant répondu au questionnaire utilisent des micro-ordinateurs pour la recherche dans le MEDLARS (84 % de tous les centres, 91 % dans le secteur industriel). Il n'y a aucun doute que la convivialité du logiciel GRATEFUL MED a favorisé l'utilisation du MEDLARS par les propriétaires de micro-ordinateurs. La popularité du logiciel est plus grande dans le milieu universitaire (60 % l'utilise) et plus faible dans le secteur public (8 %). Nous avons été heureux de constater que certains d'entre vous pensent qu'il s'agit "d'une véritable bénédiction" et "d'un excellent programme". Nous vous signalons à ce sujet qu'une version MacIntosh de GRATEFUL MED est au stade de développement, mais que son lancement a été retardé au début de 1989.

La technologie du CD-ROM a amené la mise au point d'un support d'information qui suscite à l'heure actuelle un grand intérêt. Le sondage comprenait plusieurs

questions concernant la base de données MEDLINE sur CD-ROM, car nous voulions savoir quelles étaient les répercussions de cette nouvelle technologie parmi les abonnés du MEDLARS. Les résultats ont démontré que l'on s'intéresse de plus en plus à ce nouveau support d'information. Au moment du sondage, 19 bibliothèques possédaient des systèmes CD-ROM. De ce nombre, on compte 14 bibliothèques universitaires (3 d'entre elles exigeant des frais de recherche), 4 bibliothèques d'hôpitaux et 1 bibliothèque du gouvernement fédéral.

Les questions relatives au format et au contenu des cours de formation à l'interrogation du MEDLARS se sont avérées très utiles pour planifier le calendrier des cours de l'an prochain. Même si la demande pour les cours d'introduction demeure élevée en raison du grand nombre de nouveaux abonnés, la demande pour les cours de perfectionnement augmente également à mesure que les abonnés de longue date connaissent davantage le système. L'intérêt évident suscité par un cours sur le logiciel GRATEFUL MED nous a amené à élaborer un cours d'une journée qui sera composé d'une introduction au logiciel et d'un séminaire de révision des techniques de recherche dans le MEDLARS.

Nous continuerons d'offrir des cours dans tout le pays pour répondre à la demande. Les 10 villes pour lesquelles les répondants ont indiqué une préférence sont

les suivantes:

Toronto
Montréal
Ottawa
* Hamilton
London
* Calgary
* Halifax
Vancouver
Edmonton
* Victoria

Les villes marquées d'un astérisque (*) sont les villes où nous avons besoin d'un organisme hôte. Toute offre serait la bienvenue.

Si votre groupe est intéressé à un de ces cours, ou si vous pouviez nous prêter vos installations pour nous permettre d'offrir ces cours, nous aimerions que vous communiquiez avec nous. Il nous faudrait une salle avec suffisamment de places assises, un rétro-projecteur et un écran, un tableau noir ou blanc ou un tableau à feuilles mobiles, trois terminaux ou micro-ordinateurs ou plus pour les séances en direct, plus un moniteur pour des fins de démonstration si possible. Un minimum de six personnes par séance est requis. L'organisme hôte reçoit en retour une inscription gratuite.

Compilé par Ina Mae Chan, l'adjointe de l'été 1988.

NEW PUBLICATIONS

Arlene Greenberg, Chief of Medical Library Services, Sir Mortimer B. Davis Jewish General Hospital, Montreal and Sandra Duchow, Chief Librarian, Medical Library, Royal Victoria Hospital, Montreal have co-authored a very informative chapter entitled "Hospital Library". The complete reference is:

Greenberg A, Duchow S. Hospital library. In: Chown E, ed. **Hospital departmental operations: a guide for trustees and managers**. Ottawa: Canadian Hospital Association, 1988:63-7.

DATABASE CANADA is a new journal beginning in November 1988 that has been created to enhance our information industry and to look at database use, users and creators of databases in Canada. Its purpose is to provide a forum for database users, vendors, publishers and creators. It is published bi-monthly. Subscription fees are \$45.00 per annum in Canada and \$65.00 outside Canada. Further information may be supplied upon request to:

DATABASE CANADA Inc.,
P.O. Box 178
Station S
Toronto, Ontario
M5M 4L7

The Montreal Health Libraries Association (MHLA) is pleased to announce the publication of the second edition of the **Union List of Serials in Montreal Health Libraries**. This edition brings together the journal holdings of the 61 libraries from the Montreal Health Libraries Association, including l'Association des bibliothèques de la santé affiliées à l'Université de Montréal (ABSAUM). The price is \$50.00. Prepaid orders, payable to the Montreal Health Libraries Association, may be sent to:

Arlene Greenberg
Medical Library
Sir Mortimer B. Davis Jewish General Hospital
3755 Côte Ste. Cathérine Road
Montréal, Québec
H3T 1E2

TITRE: Répertoire régional des services et ressources en documentation régions de Montréal et Laval

AUTEUR(S): CSSSRMM
Equipe régionale en documentation

DATE: Octobre 1988

RESUME: Ce répertoire recense les 89 centres de documentation en opération dans les quelques 250 établissements de santé et de services sociaux du réseau. On y retrouve pour chaque centre les informations suivantes: adresses, noms des responsables, heures d'ouverture, personnel, équipement, collections, informatique, serveurs ainsi que les différents services offerts.
Quatre (4) index alphabétiques facilitent l'utilisation du repertoire: l'index des organismes, l'index des collections spécialisées, l'index des logiciels et l'index des serveurs.

PAGES: 210

PRIX: 10,00 \$

FRAIS D'EXPEDITION: 3,00 \$

Un prépaiement est requis. Ce document est distribué par le Service de référence et de documentation (286-5604).

Veuillez faire parvenir votre chèque ou mandat-poste à l'ordre du Conseil de la santé et des services sociaux de la région de Montréal métropolitain (C.S.S.S.R.M.M.) à l'adresse suivante:

C.S.S.S.R.M.M.
3725, rue Saint-Denis
Montréal (Qc.)
H2X 3L9

a/s: Service de référence
et de documentation

MEETINGS/WORKSHOPS

CHLA/ABSC 13th Annual Meeting

May 27-31, 1989

Ottawa, Ontario

Chateau Laurier

CAPITAL INVESTMENTS

Tentative Programme

Saturday, May 27 & Sunday, May 28

Courses will be offered on both these days, one of which will be the Canadian Health Statistics course to be taught by Tom Fleming and Diana Kent.

Sunday, May 28

Reception -- Faculty Club, University of Ottawa

Monday, May 29

09:00 - 09:30	Opening Remarks Welcome CHLA President, William Maes
09:30 - 10:15	Dr. Maureen Law, Deputy Minister, Health & Welfare Canada Marianne Scott, National Librarian
10:15 - 10:45	COFFEE
10:45 - 12:00	Copyright Jane Cooney, Executive Director, Canadian Library Association
12:00 - 13:30	LUNCH
13:30 - 15:00	Panel (TBA)
15:00 - 15:30	COFFEE
15:30 - 17:00	Exhibits
18:00 - 22:00	Banquet, Chateau Laurier

Tuesday, May 30

- | | |
|---------------|--|
| 09:00 - 10:00 | Situational Leadership
Suzanne Robinson |
| 10:00 - 10:30 | COFFEE |
| 10:30 - 12:00 | Marketing
Patricia Horner, Director, Canadian Government
Publishing Centre |
| 12:00 - 13:30 | LUNCH |
| 13:30 - 14:30 | Panel: Current Issues in Medical Research
Moderator: Dr. Joanne Marshall
Dr. R.A. Heacock, Director General, Extramural Research,
Health & Welfare Canada
Mr. Keith Norton (tentative), Lobbyist and former Ontario
Minister of Health
Director of a Research Facility (to be confirmed) |
| 14:30 - 15:00 | TBA |
| 15:00 - 15:15 | Closing Remarks |
| 15:15 - 15:30 | COFFEE |
| 15:30 - 17:30 | Annual General Meeting and HSRC Update |

Wednesday, May 31

Medlars Advanced Strategy Course - CISTI
Tours of Ottawa Libraries including CISTI; Smyth Road Health Sciences Complex; and
the Library of Parliament.

For further information, please contact:

Susan Higgins, Conference Chair
Sir F.G. Banting Research Centre Library
Health Protection Branch
Ottawa, Ontario K1A 0L2
Tel: (613) 957-1022
Envoy: OONHBR

OHLA/CHLA TELECONFERENCE SERIES, presented through Telemedicine Canada.

Series Moderator: Jennifer Bayne
Time: 11:00 - 11:45

14 February, 1989	Strategies for Locating Statistics on Disease and Health	Tom Fleming
7 March, 1989	Introduction to Copyright Issues	Jane Cooney
11 April, 1989	Library Services for Patient Education	Linda Lamb Dora McPherson
2 May, 1989	Providing Library Services to Community Hospitals	Linda Wilcox
23 May, 1989	CD-ROM Databases in your Library	Mary Gilett
13 June, 1989	Selecting Microcomputer Communication Software	Mike Ridley

The cost per programme is \$65.00 anywhere in Canada. Any number of people can participate per site as the cost does not vary from the basic per programme charge. Be sure to register at least three weeks in advance of the programmes, to allow time for delivery of course materials. For more details, contact:

Telemedicine Canada
90 Gerrard St. West
Toronto, Ontario
M5G 1J6
(416) 595-4472

HEALTH INFORMATION: NEW DIRECTIONS

Joint Conference of the Health Libraries Section of the New Zealand Library Association, and
the Medical Libraries Group of the Library Association of Australia
Auckland Airport Travelodge
Auckland, New Zealand
November 12-17, 1989

Invited speakers include Susan Crawford, Ph.D., Naomi C. Broering and Alan M. Rees.

For further information, please contact:

Mrs. Margaret Gibson Smith
Philson Library
University of Auckland
Private Bay, Auckland
New Zealand

STRATEGIES FOR WELLNESS

Canadian Guidance & Counselling Association
Edmonton, Alberta
May 25-27, 1989

Keynotes include Jean Chretien, Dr. Norman Cousins and Jack Canfield.

For further information, please contact:

Canadian Guidance & Counselling Association
4332 - 116 Street
Edmonton, Alberta
T6J 1R9
(403) 429-8265

Please Note:

The 14th Annual Meeting of the CHLA/ABSC will be held in Edmonton, Alberta, **June 10-13, 1990.**

REMINDER:

Nominations for the CHLA

AWARD OF OUTSTANDING ACHIEVEMENT

are now being received by the Board of Directors.

"To be eligible for the Award of Outstanding Achievement, a candidate must have made a significant contribution to the field of health sciences librarianship in Canada. The candidate's contribution must be of more than passing importance, interest, or local advancement. In addition, the candidate must fulfill at least one of the following:

1. *be currently registered as a member of the Association, OR*
2. *be currently employed as a health sciences librarian, OR*
3. *have been a health sciences librarian for part of a currently active career, OR*
4. *currently teach a formal course in health sciences librarianship, or have taught and made a significant contribution to the development of health sciences curricula."*

(Quoted from the **Canadian Health Libraries Association Executive Manual**, Appendix A)

Nominations must be made IN WRITING and mailed to:

Jan Greenwood, Past-President
Manager of Library Services
Ontario Medical Association
250 Bloor Street East, Suite 600
Toronto, Ontario
M4W 3P8

Nominations must provide specific examples of the nominee's contributions to the field of Canadian health sciences librarianship. A *curriculum vitae*, including publications of the candidate, should be included. **Nominations must be postmarked 1 February, 1989.**

REMINDER:

Nominations for

HONORARY LIFE MEMBERSHIP IN CHLA/ABSC

are now being received by the Board of Directors.

"To be eligible for Honorary Life Membership in the CHLA/ABSC, a candidate must have played an active role in the ... affairs of the Association, and fulfill the following:

1. *be at or near the close of an active career in health sciences librarianship,*
2. *hold a regular membership at the time of the nomination,*
3. *have made a significant contribution to the advancement of the purposes of the Association."*

(Quoted from the **Canadian Health Libraries Association Executive Manual**, Appendix B)

Nominations must be made IN WRITING and mailed to:

Jan Greenwood, Past-President
Manager of Library Services
Ontario Medical Association
250 Bloor Street East, Suite 600
Toronto, Ontario
M4W 3P8

A curriculum vitae and a statement of the candidate's contributions to, and activities within, the Association must be included. **Nominations must be postmarked 1 February, 1989.**

CHLA/ABSC BOARD OF DIRECTORS

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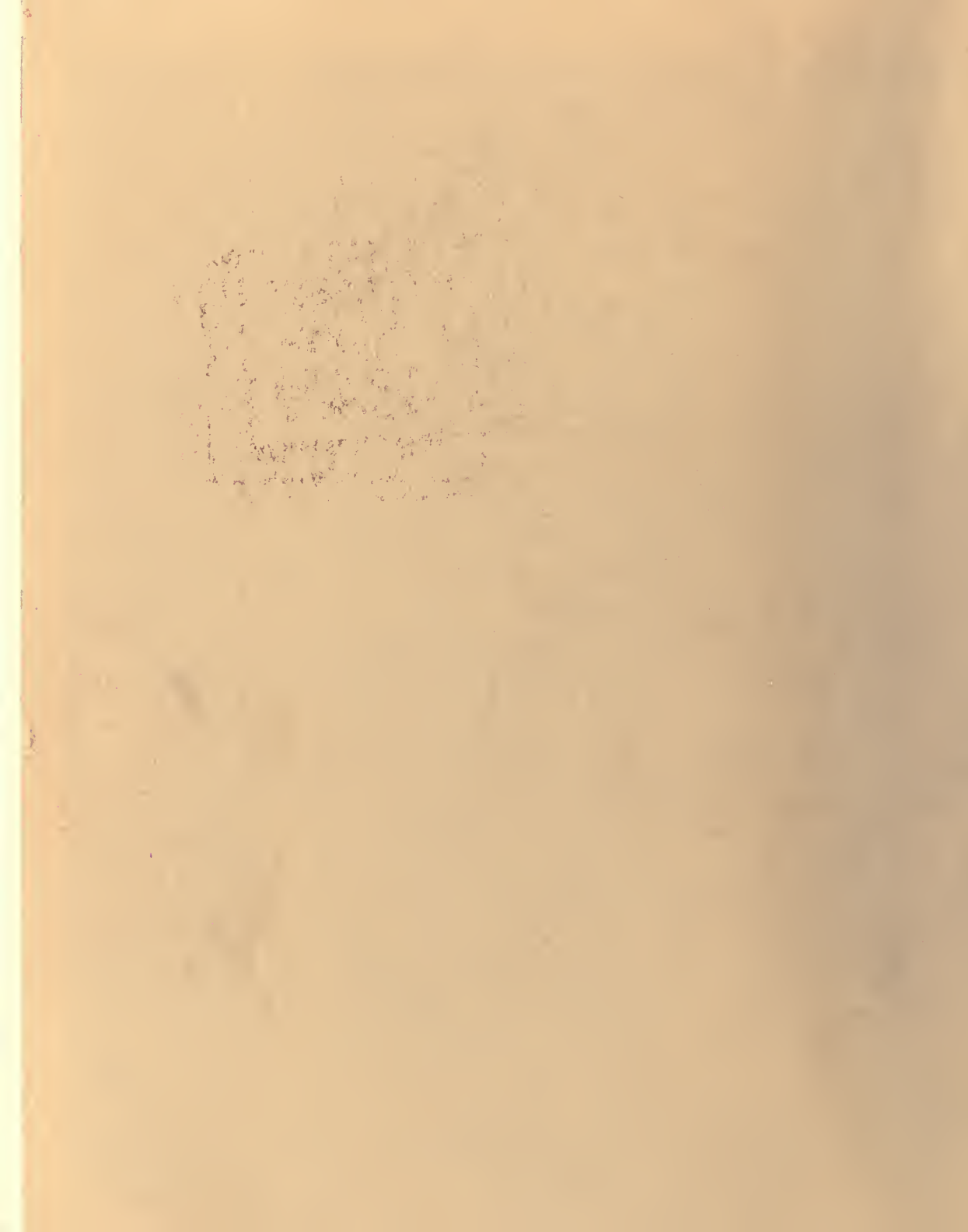
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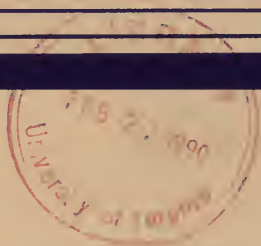
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La **Bibliotheca Medica Canadiana** a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillent dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillent dans les bibliothèques de petite taille et les bibliothèques relativement isolées. Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus.

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INFORMATION FOR CONTRIBUTORS

MANUSCRIPTS

The editors of **Bibliotheca Medica Canadiana** welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada.

Contributions should be submitted **in duplicate** and the author should retain one copy. Contributions should be **typed double-spaced** and **should not exceed six pages or 2100 words**. Pages should be numbered consecutively in arabic numerals in the top right-hand corner. Articles may be submitted in French or in English but will not be translated by the editors or their associates. Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the **Oxford English Dictionary**; exceptions shall be at the discretion of the editors. Contributors who wish to submit their work in machine-readable format should contact the editors in advance to ensure that compatible equipment is available in the editorial offices.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

REFERENCES

All references should be given in the Vancouver style; see **Canadian Medical Association Journal** 1985;132:401-5. Contributors are responsible for the accuracy of their references. Personal communications are not acceptable as references. References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

ILLUSTRATIONS

Any illustrations or tables submitted should be black and white copy camera-ready for print. Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text. Illustrations and tables should include appropriate titles.

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Les articles devraient être remis **en deux exemplaires** et l'auteur devrait en garder une copie. Les articles devraient être **dactylographiés à double interligne et ne devraient pas dépasser six pages ou 2100 mots**. Prière de numérotter les pages consécutivement en chiffres arabes en haut de la page à droite. Les articles peuvent être remis en français ou en anglais, mais ils ne seront pas traduits par la rédaction ni par les associés de la rédaction. Le style d'expression écrite se conformera à l'usage et à la syntaxe acceptables du français; il est préférable d'éviter l'argot, les sigles et autres abréviations obscures. L'orthographe se conformera à celle du **Robert**; les exceptions à cette règle seront à la discrétion de la rédaction. Les auteurs qui désirent remettre leurs manuscrits sous forme électronique devraient communiquer à l'avance avec la rédaction afin de s'assurer que l'équipement compatible est disponible aux bureaux de la rédaction.

Tout article devrait s'accompagner d'une lettre explicative fournissant les informations suivantes: nom de l'auteur (dactylographié), son titre et lieu de travail, ainsi que tout autre détail que l'auteur jugerait utile à la rédaction.

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Les illustrations et les tableaux doivent être en noir et blanc, et prêts à l'impression. Les illustrations et les tableaux doivent être clairement identifiés en chiffres arabes et avoir des renvois clairs dans le corps du texte. Les illustrations et tableaux doivent comporter des titres pertinents.

BIBLIOTHECA MEDICA CANADIANA NEWSGATHERING FORM

The editors welcome news items from members of the Canadian Health Libraries Association, or any news that may be of interest to members. Please feel free to copy this form in any way for submission, and to attach separate sheets for lengthy items.

APPOINTMENTS Who
HONOURS? What
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Where

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MOVES? From
RESIGNATIONS? To
When

SEMINARS? What
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PUBLICATIONS? What
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- i Information for Contributors/
Avertissement aux Auteurs
- iv Newsgathering Form
- 155 From the Editors
- 157 A Word from the President - Maes
- 159 Quelques Mots du Président - Maes
- 161 Report: Task Force on Hospital
Library Standards - Greenwood
- 163 Report: Task Force on the CHA/MIS
Guidelines - Hendricks
- 166 MIS Project and Workload
Measurement Systems: an
Annotated Bibliography
- Hendricks
- 169 Report: HSRC Advisory Committee
- Dryden
- 171 Continuing Education: Health Sciences
Library Education in Canada:
Pt. 1 - List of Courses - Marshall

CONFERENCE PAPERS

- 177 Public Perceptions of Librarians: Book
Shelvers, Nice Ladies or
Information Specialists - Harris
- 181 Effective Negotiation in the Workplace
- West

... continued

ORIGINAL PAPERS

- 184 Measuring the Impact of a Hospital
Library in Terms of Value Added
Processes - Banks
- 193 Pay Equity and Libraries - Hendricks

NEWS AND NOTES

- 199 People on the Move
- 201 In Memorium - Wendy E. Patrick
- 202 From the HSRC - Wong
- 204 Du CBSS - Wong
- 206 New Publications
- 210 Meetings/Workshops
- 215 CHLA/ABSC Board of Directors
- 216 BMC Staff

FROM THE EDITORS

We are pleased to present you with our biggest **BMC** issue yet! You have been hearing our pleas for input and have risen to the cause!

You will notice two new columns in this issue- the **Report of the CHLA/ABSC Task Force on the CHA/MIS Guidelines** and the **Report of the HSRC Advisory Committee**. The former committee was struck by the CHLA/ABSC Board after the Fall '88 meeting and as Bill Maes reported in his "Word from the President" (**BMC** 1989;10(3):103) "an introductory article including their terms of reference will appear in the next issue of **BMC**". An annotated bibliography will also be included with each Task Force report in the **BMC**. Special thanks is extended to this committee co-chaired by Susan Hendricks and Jennifer Bayne for their fine efforts to date.

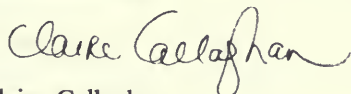
CHLA/ABSC's representative on the HSRC Advisory Committee will submit a report for inclusion in **BMC** after each HSRC Advisory Committee meeting. Donna Dryden, our CHLA/ABSC representative, kindly prepared this premier report.

We will miss including the **Report of the CHLA/ABSC Task Force on Hospital Library Standards**. Jan Greenwood and her able committee are to be thanked for their mammoth efforts in preparing the final document which is called **STANDARDS IN CANADIAN HOSPITAL LIBRARIES; QUALITATIVE AND QUANTITATIVE GUIDELINES IN ASSESSMENT, 1989**.

The conference and original papers are both timely and informative. Roma Harris' paper entitled "Public Perceptions of Librarians: Book Shelters, Nice Ladies or Information Specialists" will provide much food for thought. Karen West's paper on "Effective Negotiation in the Workplace" describes the "win/win" approach to managing conflict and encouraging productivity and innovation. Ray Banks' paper titled "Measuring the Impact of a Hospital Library in terms of Value Added Processes" applies the concept of value added to measure the impact of a hospital library service. And lastly, Susan Hendrick's paper on "Pay Equity" will educate and inform you about the background and basics of Pay Equity Legislation and gender-neutrality as it relates to pay equity.

Don't forget to mark **May 27-31** on your calendar. The CHLA/ABSC programme is described on pages 210 -212 of this issue. This is the time to reacquaint ourselves with "old" friends and develop new friendships...

Happy reading!



Claire Callaghan



Linda Wilcox

A WORD FROM THE PRESIDENT

Bill Maes

Head, Public Services
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"INFORMATION ANXIETY"

Many of our patrons suffer from a condition identified by Richard Wurman as *information anxiety*. It manifests itself in many ways including, to paraphrase Wurman: chronically talking about not being able to keep up with what is happening in the world; feeling guilty about the ever-increasing stack of journals and books in their offices waiting to be read; pretending to know about a book, artist, or news story when, in fact, they have never heard of it; giving time and attention to news that has no cultural, economic, or scientific impact on their lives; or thinking the person next to them understands everything they don't. (Wurman, pp. 35-6)

I doubt if this condition has been documented in the medical literature but given its prevalence and rapid spread throughout the population it deserves a listing in Magalini's *Dictionary of Medical Syndromes*.

The good news is that the condition is treatable and librarians are among the best people to consult for a cure because, if Richard Wurman, the author of *Information Anxiety*, is correct, "access is the antidote to anxiety...[and] access means the ability to take advantage of resources." (Wurman, p.45) Indeed, is not the act of making information accessible and understandable through the provision and instruction in the use of access tools, including electronic modes of access, one of the primary objectives of our profession? Do we not constantly strive to organize and present information through classification schemes, indexes, handouts, "fact sheets", etc., so that information resources are approachable and useable?

Unfortunately, many of the methods we have invented to do this find their origins in another era when information was finite and had to be coaxed from sources whereas today we are faced with an infinite flood of information which is released through

electronic information channels over which we appear to have little control. With this present reality we must take greater steps to make information understandable and digestible.

Consider the traditional catalogue card for example, and its reincarnation on the computer screens of most online catalogues. Is the catalogue card really still the best way to help locate materials in the library? Was it ever really a good way or just a compromise solution waiting for something better to come along? How many users know the ALA filing rules, and why should we expect them to know, if technology provides us with new ways of presenting and accessing the information? What if you could represent the title page of a book on a computer screen, and by clicking on its title immediately be shown a map of the library that locates the book exactly in relation to the location of the terminal you are using? What if the contents pages of books were available on the screen and searchable? What if each word in the title and contents pages were to be linked in hypertext fashion to other books in the catalogue with similar themes or subjects? Do you not suppose information conveyed in this way would be more understandable and useful to our patrons? The catalogue card is really an inventory tool and is generally a feeble representation of a book and its contents. If we are to overcome our information anxiety and that of our patrons we need not more information but information presented in a form which helps understanding and learning. New tools are constantly being created to do this. Are we taking full advantage of them in order to increase our effectiveness?

Information Anxiety is essentially a book

about how to deal with the information deluge by choosing judiciously what information should be pursued, focusing on ways to make information understandable, becoming better communicators, developing a questioning disposition, and by following the primary directive of being guided by our interest in the pursuit of information. It is a readable text with an abundance of quotable quotes and a unique graphic presentation. Hopefully it will make you think more about how you can make information intelligible and thereby help yourself and your patrons, and less about where you can find yet more information. Information is not the same as knowledge and information is not the same as understanding.

This is my last "Maes Mots" as some people have chosen to refer to them. I am not sure the CHLA/ABSC Board realizes what awesome power they have placed in the hands of the President by virtually allowing him/her to write as they please. I hope you haven't suffered too much as a result.

P.S. If you have been reading this column diligently, I suspect information anxiety is a serious problem for you.

BIBLIOGRAPHY

Wurman, RS. **Information Anxiety**. New York: Doubleday, 1989.

QUELQUES MOTS DU PRESIDENT

Bill Maes

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"L'ANXIÉTÉ DE L'INFORMATION"

Plusieurs de nos clients souffrent d'une condition que Richard Wurman a identifiée comme étant "l'Anxiété de l'Information." Cette condition se manifeste de diverses manières, y compris -- pour paraphraser Wurman -- de parler continuellement de l'impossibilité de rester au courant de ce qui se passe dans le monde; de se sentir coupable de ne pas avoir le temps de lire les périodiques et les livres accumulés au bureau; de faire semblant de connaître un livre, une nouvelle ou un artiste quand, en effet, on n'en a jamais entendu parler; de perdre son temps sur des nouvelles qui n'ont aucun impact culturel, économique ou scientifique sur sa vie; ou de penser que le voisin comprend tout ce qu'on ne comprend pas (Wurman, pp.35-6).

Je doute que l'Anxiété de l'Information ait été documentée dans la littérature médicale, mais puisque cette condition est fréquente et qu'elle se répand rapidement, elle mérite d'être figurée dans le **Dictionnaire de Syndromes Médicaux** de Magalini.

La bonne nouvelle est que cette condition est traitable. Aussi, les bibliothécaires sont parmi les meilleures personnes à consulter pour les traitements

parce que, selon Richard Wurman, "l'accès à l'information est l'antidote pour l'anxiété, et d'avoir l'accès veut dire d'avoir la compétence de pouvoir profiter des ressources" (Wurman, p.45). En effet, l'un des objectifs principaux de notre profession est de rendre l'information accessible et compréhensible par l'entremise de la disposition et de l'instruction sur l'utilisation des outils d'accès, y inclus les modes d'accès électroniques. Ne nous efforçons-nous pas constamment pour organiser et présenter l'information nous servant de systèmes de classification, d'indexes, de dépliants, de "fact sheets," etc., afin que les ressources d'information soient accessibles et utilisables?

Malheureusement, plusieurs des méthodes que nous avons inventées à ces fins émanent d'une époque dans laquelle l'information était limitée et devait être tirée de ses sources; par contre, aujourd'hui nous sommes inondés d'un montant infini d'information relâché par les voies d'information électroniques sur lesquelles nous semblons avoir peu de contrôle. C'est à cause de ceci que nous devons faire de plus grands efforts pour rendre l'information plus facile à comprendre et à assimiler.

Prenons, par exemple, la carte de catalogue traditionnelle, et son réincarnation sur les écrans des ordinateurs de la plupart

des catalogues en ligne. La carte de catalogue est-elle encore vraiment la meilleure manière d'aider à repérer le matériel dans une bibliothèque? Était-ce vraiment une bonne manière, ou était-ce seulement une solution de compromis en attendant quelque chose de meilleur? Combien de personnes connaissent les règlements de classement "ALA", et pourquoi demander qu'elles connaissent ces règlements maintenant que la technologie nous fournit de nouvelles façons de trouver et de présenter l'information? Imaginons que l'on pourrait représenter la page titre d'un livre sur l'écran d'un ordinateur, et aussitôt que le titre apparaît, l'ordinateur nous montrerait une carte de la bibliothèque qui localiserait exactement le livre en relation au terminal utilisé. Imaginons que la table des matières du livre était disponible et lisible sur l'écran. Imaginons que chaque mot dans le titre et dans les pages était lié d'une façon "hypertext" à d'autres livres ayant de thèmes ou de sujets semblables dans le catalogue. Ne pensez-vous pas que l'information transmise de cette façon serait plus compréhensible et plus utile à nos clients? La carte de catalogue est vraiment un outil d'inventaire qui est d'habitude une mince représentation d'un livre et de son contenu. Nous n'avons pas besoin de plus d'information si nous voulons vaincre notre Anxiété de l'Information et celle de nos clients: nous avons plutôt besoin de l'information présentée dans un format qui aide la connaissance et à l'apprentissage. On invente continuellement de nouveaux outils pour faire ceci. En profitons-nous pour améliorer notre efficacité?

Le livre **Information Anxiety** suggère essentiellement comment traiter le déluge d'information; il nous dit de choisir

judicieusement l'information qu'il faut poursuivre; de converger les méthodes qui rendent l'information compréhensible; de devenir de meilleurs communicateurs; de développer une disposition curieuse, et d'obéir la première directive -- celle de suivre ses intérêts à la poursuite de l'information. **Information Anxiety** est facile à lire; il y a de citations dignes d'être citées; la présentation graphique est originale. J'espère que le livre vous encouragera à rendre l'information plus intelligible plutôt que d'essayer d'en trouver d'avantage. L'information n'est pas la même chose que la connaissance; l'information n'est pas la même chose que la compréhension!

Voilà donc mes derniers "mots de Maes" (comme on appelle ces communications-ci). Je ne suis pas certain que l'ABSC/CHLA réalise quel stupéfiant pouvoir elle a donné au Président ou à la Présidente en lui laissant écrire ce qu'il/elle veut. J'espère que vous n'avez pas trop souffert de cette indulgence.

p.s.: Si vous êtes parmi ceux et celles qui lisent assidûment ces communications, je soupçonne que vous êtes victimes de l'anxiété d'information.

BIBLIOGRAPHIE

Wurman RS. **Information Anxiety**. New York: Doubleday, 1989.

REPORT FROM THE CHLA/ABSC TASK FORCE ON HOSPITAL LIBRARY STANDARDS

Jan Greenwood, Chair

Manager of Library Services,
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Toronto, Ontario

After two frenetic years of activity the Task Force met for the last time on Mar 3-4 at the Ontario Medical Association. Although Kathy Eagleton was unable to attend for personal reasons her participation was keenly felt in the text of the second draft which formed the basis for discussion.

Draft II was circulated to all CHLA/ABSC members in early February and, given the short time available, the Task Force members are pleased with the positive response they have thus far received. Respondents appeared to be satisfied with the overall format and content and the few concerns expressed have largely been addressed.

In preparation for the final publication the Task Force has wrestled with the data from the "Supplementary Questionnaire" to produce a standard that will require institutions to have a minimum number of admissions OR ambulatory care OR emergency care visits to qualify in each category. Considerable time was spent also on adapting Part 5, the "Albany Assessment Form", to reflect the needs and services of Canadian hospital libraries. The revised form should provide all hospital libraries with an excellent overall audit. Minor changes were made

to the descriptive standards in Part 2 (proposed for adoption by CCHFA) and the quantitative guidelines in Part 4. Several simple audits were selected for inclusion in the background document for Standard VIII (DRAFT II, p. 39), and should be helpful to the quality assurance process in small hospital libraries in particular.

The work of the Task Force on Hospital Library Standards will culminate officially with a panel discussion at the Annual Conference in Ottawa. Here the final document, to be named **Standards for Canadian hospital libraries: qualitative and quantitative guidelines for assessment, 1989** will be presented to the CHLA/ABSC membership before being submitted to the Standards Review Committee of CCHFA. A representative of CCHFA has been invited to participate in the panel to describe in detail this review process. The Task Force plans also to seek the endorsement of selective health professional groups, such as the medical and nursing associations, for the **1989 Standards**.

In concluding its work, the Task Force will be making several recommendations to the Board for future action, not the least of which will be a proposed mechanism for re-

viewing the standards regularly in the hope that, a decade from now, CHLA/ABSC will not have to repeat this harrowing process! I sincerely hope that the 1989 **Standards** will provide, for some time to come, a firm foundation upon which hospitals can build quality library services in support of optimum patient care, education, management, research and any other relevant activities or services.

The Task Force is grateful for the support and encouragement it continues to receive from the CHLA/ABSC Board and members. We have been blessed also by the overwhelming co-operation of our U.S. colleagues involved with the admirable "Albany Standards" and the MLA Hospital Standards Committee; Ursula Poland (known to you all), Joseph F. Shubert (Assistant Commissioner for Libraries and State Librarian, N.Y.) and Bridget Doyle (MLA Standards Committee) have all brought new

meaning to the concept of the special relationship between MLA and CHLA/ABSC. Last, but not least, the Task Force has relied extensively upon the generosity of the Ontario Medical Association in providing support services; Jenny Dunlop and Pat Buczkowski have worked tirelessly under pressure to meet our many deadlines.

For my own part I am eternally thankful for the privilege of having worked for the past two, sometimes gruelling, years with Kathy Eagleton, Verla Empey, Dorothy Fitzgerald and Anitra Laycock. They have brought intelligence, common sense and, above all, good humour to our joint task. I hope that you, the Association members, will support their efforts by ensuring that hospital administrations throughout Canada are aware of the **Standards for Canadian hospital libraries: qualitative and quantitative guidelines for assessment**.

REPORT OF THE CHLA/ABSC TASK FORCE ON THE CHA/MIS GUIDELINES

Susan E. Hendricks, Co-Chair

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The value of workload measurement systems, long since recognized by industry and profit-making enterprises, is making an impact on the health care system. Particularly now that fiscal restraint has become the norm in resource allocation, libraries must provide a quantitative rationale if they are to secure additional resources. Not only will a workload measurement system justify the Library's existence to Administration and provide hard evidence when manpower shortages are perceived and additional staff requested, it will also serve as a tool to assess and demonstrate the operational effectiveness of the Library. In addition, information on resources consumed is provided to the Librarian who may then make objective decisions and projections about future programmes, services and equipment purchases. In short, a well-constructed and properly interpreted workload measurement system guarantees the provision of a high quality library service with the optimal use of financial and human resources.

Those of you who attended the CHLA conference in Halifax, N.S. last summer will remember the heated discussion which followed Florence Hersey's presentation on the CHA/MIS Guidelines. This high degree of interest sparked the formation of an Ad Hoc

Committee to evaluate the needs of the library community with respect to workload measurement. The present inadequacy of the MIS Guidelines as they relate to hospital libraries is due, in part, to the way these were established by the project. Existing published professional standards were incorporated into the MIS department guidelines wherever possible. However, for those services without national systems, the MIS Project developed interim systems for use by the MIS test site hospitals until national systems are developed. Clearly, then, if the guidelines are to be improved over the present product, the library profession will need to contribute information and assistance that will lead to the development of nationally recognized relative value units that reflect specific services or 'products'.

With this in mind, the CHLA/ABSC Board struck the present Task Force on the CHA/MIS Guidelines. Membership is as follows:

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Winnipeg, Manitoba
R3A 1R9
(204) 797-4575
Envoy: ILL.MWHS

Joyce Kublin
Library
Valley Health Services Association
186 Park St.
Kentville, Nova Scotia
B4N 1M7
(902) 678-7381 Ext. 296

Jan Greenwood, Secretary
Library
Ontario Medical Association
250 Bloor St. E., 6th Floor
Toronto, Ontario
M4W 1E6
(416) 963-9383 Ext. 230
Envoy: J.GREENWOOD

Johann Van Reenen,
(CHLA/ABSC Board Rep.)
Director, Educational Services
Greater Victoria Hospital Society
2101 Richmond Ave.

Victoria, British Columbia
V8R 4R7
(604) 595-9283
Envoy: ROY.JUB

Terms of Reference are as follows:

The role of this Task Force is to gather background information on workload measurement systems and to assess the CHA/MIS Guidelines prior to submitting recommendations for consideration by the CHLA/ABSC Board.

- 1. The Task Force will gather background information by:**
 - 1.1 Developing an annotated bibliography of key articles.
 - 1.2 Determining the extent to which librarians at MIS test sites are involved in their hospitals' MIS project.
 - 1.3 Examining the extent and nature of current statistics recording in Canadian hospital libraries.
 - 1.4 Obtaining a perspective on the extent to which comprehensive workload measurement systems have been adopted in hospital libraries.
- 2. The Task Force will assess the CHA/MIS Guidelines by:**
 - 2.1 Evaluating the utility of the MIS guidelines for libraries.
 - 2.2 Defining which library operations might be monitored.
 - 2.3 Determining the major barriers to implementing a national workload measurement system.
- 3. The Task Force will maintain liaison with the CHLA/ABSC Board and mem-**

bers by:

- 3.1 Suggesting a programme of information and education to the Coordinator of Education.
 - 3.2 Submitting written reports to the Board for discussion at its Fall and Winter meetings.
 - 3.3 Presenting an oral report at the AGM.
 - 3.4 Transmitting the concerns of CHLA/ABSC members about workload measurement systems to the Board.
 - 3.5 Publishing a report on the Task Force's progress in each issue of BMC.
4. **The Task Force will coordinate the development of hospital workload measurement standards by:**
- 4.1 Developing a clearinghouse for information and expertise in workload measurement systems for CHLA/ABSC chapters and individual members.
 - 4.2 Developing practical guidelines/standard formulae to assist health care librarians in implementing workload measurement programmes.
 - 4.3 Making recommendations through the CHLA/ABSC Board to the National Hospital Productivity and Improvement Program (MIS Project Team).
 - 4.4 Developing a proposal for the Health and Welfare Task Force on Improving Hospital Productivity to gain assistance in designing, implementing and financing a national workload measurement trial system.

These terms of reference were reviewed and accepted at the Task Force's initial meeting in Toronto on February 9-10, 1989. One action that we hope to accomplish before the next CHLA Annual Meeting in Ottawa is to examine the extent and nature of current statistics recording in Canadian hospital libraries. As a result, we are asking all CHLA members to **forward a BLANK daily or monthly statistics sheet to Susan Hendricks, Education Resource Centre, Oshawa General Hospital, 24 Alma St. Oshawa, Ont. L1G 2B9.** Please try to do this as soon as possible so that we can determine present practice. This will facilitate the definition of which library operations are being monitored or which should be monitored.

In keeping with our mandate to develop a clearinghouse for information about workload measurement systems, included with this issue of BMC is a short annotated bibliography of introductory articles to workload measurement systems and the MIS Project. This annotated bibliography will be updated with each Task Force Report in BMC.

Members who have questions or concerns about workload measurement systems or the MIS Project are welcome to contact any members of the Task Force. For our activity to succeed, it is important that all of us become involved.

MIS PROJECT AND WORKLOAD MEASUREMENT SYSTEMS: AN ANNOTATED BIBLIOGRAPHY

Susan E. Hendricks, Co-Chair
CHLA/ABSC Task Force on the CHA/MIS Guidelines

One of the objectives of the Task Force on the CHA/MIS Guidelines is to act as a clearinghouse for information on workload measurement systems. Work has proceeded in this area and articles are being filed in a centralized database. The following bibliography of Canadian references is by no means an exhaustive listing of available information: rather, its purpose is to provide an introduction to the concept of workload measurement systems and their application in Canadian hospitals. Future issues of BMC will include bibliographies which expand and further delineate these concepts.

Lowry B. MIS Project - overview and framework. *Dimens Health Serv* 1983;60(3):40-7.

Written in the early years to introduce readers to the MIS Project, this article attempts to provide the reader with an understanding of the MIS Project background, scope, approach and end products. The first draft of the MIS Project framework is presented and discusses, in general terms, the Canadian state of the art regarding hospital management information. The article also outlines the objectives and advantages of a proposed resource allocation model. Requirements and limitations of the MIS Project are also addressed while at the same time demonstrating that workload measurement is essential to the process of identification and costing of human resource al-

location. Though of early vintage, this article still provides an excellent introduction to the MIS process and is worthwhile reading.

Lowry B. Why bother with the MIS guidelines? *Dimens Health Serv* 1987;64(2):50-2.

Lowry describes the development of information systems within hospitals and points to the need for improvement of same for comparative purposes while protecting the integrity of existing data systems. Faced with growing demands by an increasingly aware consumer, funding restrictions, political pressures, forces such as an aging population, ambulatory care alternatives, changing lifestyles and high-cost technology, MIS provides hospital administrators/department heads with well-developed strategic and operational planning processes that demonstrate efficiency and effectiveness of operations. An overview of MIS guidelines is presented along with the value of their end-product on a hospital-wide and departmental basis.

Senzilet LD. Workload measurement systems: past, present and future. *Dimens Health Serv* 1983;60(5):31-2.

This article outlines the Canadian workload measurement systems for diagnostic and therapeutic departments. The article reviews the progression and refinement of systems established for clinical laboratory procedures, physiotherapy and occupational therapy, diagnostic radiology, respiratory technology, pharmacy and social work. The work and role of the Federal-Provincial Sub-Committee on Workload Measurement Systems in the past and on-going development of these systems is noted.

Senzilet LD. Workload measurement systems: a management tool. **Dimens Health Serv** 1983;60(7):38-40.

This article addresses in detail how managers use specific performance indicators generated by workload measurement systems data as a basis for rational management decisions. Essential components of any comprehensive workload measurement system are outlined. Management uses, such as evaluation of productivity, total paid hours, total worked hours, total specified hours, evaluation of workload, budgeting, deployment of staff, service planning and design, cost accounting and research are discussed. Sample formulas and methodologies for the determinations of these indicators are included.

Senzilet LD. Workload measurement: three recording methods. **Dimens Health Serv** 1984;61(7):32-3.

This article outlines and defines the strengths and weaknesses associated with the three major time recording methodologies for workload measurement systems presently in use in Canadian healthcare facilities in the diagnostic and therapeutic services: actual time recording; average time recording and standard time recording. These strengths and weaknesses are further analyzed for intrafacility monitoring, comparative productivity indicators, administrative considerations regarding implementation and patient specific resource utilization. Actual time recording, the methodology employed by Physiotherapy, Occupational Therapy and Social Work requires that the actual patient care time provided by personnel be recorded retrospectively. Average time recording, used by Laboratory, Radiology and Respiratory Technology requires that staff record the

number of times each defined "item for count" is performed. Specific unit values representing the average (across a sample of Canadian health care facilities of varying size and type) number of minutes of time taken to complete a defined item for count once. Standard time recording is similar to the average time methodology in that 'each item for count' is assigned a unit value, or standard time, to be applied each time it is performed. The standard times are, in this case facility specific, derived from time studies carried out within the institution.

Since members will be asked for their input concerning the type of recording methodology suitable to library procedures, they are strongly urged to read the above article.

Watts J. Workload measurement systems: their applications and limitations. **Dimens Health Serv** 1986;63(6):44-6.

Many indicators are measures of production or activity. In this article, Watts reviews the contents of and potential uses for workload measurement systems as they relate to productivity. Outputs from workload measurement systems normally include required hours per worked hours (the labour performance or staff utilization index); paid hours per worked hours (the labour value index); and f.t.e. variance (from both standard and target staffing). Taken in conjunction with normal operating statistics, these figures can be used to provide an indicator of performance, to provide indicators of variances from standard and target, to permit comparison within peer groups, to predict staffing needs, to permit shift and team balancing and scheduling, to permit evaluation of alternative courses of action, to provide labour costs input to

capital investment decisions, to provide labour costs input to method/layout/policy changes, to develop labour cost control and resource utilization information and to permit evaluation of the relationship of productivity/performance to quality. Among other limitations listed, Watts cautions that workload measurement systems by themselves do not accomplish all of the above and cannot replace human judgement. Rather, they are simply a tool to help the manager perform his/her job more effectively.

Hersey F. Workload measurement systems for librarians. **Bibl Med Can** 1989;10(3):111-6.

This paper was presented at the 12th Annual Meeting of the CHLA/ABSC, June 11-15, 1988 in Halifax, N.S. A summary of much of the MIS information published to date, Hersey's article outlines the value of the MIS guidelines and their benefits to departmental managers. Major components of the present MIS guidelines are new accounting systems,

workload measurement systems, statistical capture systems and methodologies for computing various indicators. The evolution of various types of workload measurement systems is described with an evaluation of their positive and negative factors. Finally, Hersey outlines the basis structure and steps required by the library profession when pursuing a national workload measurement system.

Gillespie SA. Measuring workload. **Bibl Med Can** 1988;9(3):144-50.

One of the few librarians in Canada to have mounted an actual workload measurement trial, in this article Sue Gillespie provides her readers with excellent "how-to" information. General principles for any kind of departmental survey are outlined as well as those that are more specific to a workload measurement trial. The process of devising a technique to measure and analyse workload is well documented, with sample forms and library 'task lists' included.

REPORT FROM THE HSRC ADVISORY COMMITTEE

Donna Dryden, CHLA representative

Library and Audiovisual Services
Royal Alexandra Hospital
Edmonton, Alberta

The winter meeting of the Health Sciences Resource Centre Advisory Committee was held on December 9, 1988 in Ottawa. Attending were Catherine Krause Quinlan (ACMC rep.), Donna Dryden (CHLA), Deidre Green (CHLA), Maureen Wong (HSRC), and Peggy Walshe (CISTI). Unable to attend were E.V. Smith, Colin Hoare, and Louis-Luc Lecompte.

Maureen Wong reviewed the current staffing situation at HSRC. At the end of September the clerical term position held by Ann Haydock, was terminated. At the same time Maureen began her French language training. This meant that the brunt of the ever increasing workload was carried by Dianne Pammett and Mary-Lou Veecken. Despite yeoman efforts on their part, work flow has suffered and the turn-around time for service has increased.

One of the major topics discussed throughout the one day meeting was CD-ROM. Maureen Wong reviewed the findings of the February 1988 survey of CD-ROM use in Canadian Medical School Libraries. The survey was conducted by staff of HSRC and McGill University and the full report will appear in the January 1989 issue of *Laserdisk Professional*. Because there

appears to be a wide range of CD-ROM projects going on in a variety of health libraries across the country, the Committee will forward a suggestion to the editor of *BMC* that a theme issue on CD-ROM be considered in 1989.

One of the items brought forward from an earlier meeting was the updating of the **General Biomedical Reference Tools - Canadian supplement**. This was last published as part of *Canhealth* in 1983 with the intent that it would be updated by staff at HSRC. However, the Committee agreed that this should be coordinated by CHLA. This suggestion will be forwarded to the CHLA board. Some of the issues which need to be decided include format, scope, frequency of updating, how to publicize important Canadian reference materials published subsequent to the bibliography. If you have thoughts on this issue, please contact me.

Bernard Dumouchel made a presentation on the One Stop Information Centre (OSIC). This is a Canadian medical devices database and reporting system being developed by ResCan Consultants. Once fully implemented it will provide up-to-date, accurate information on consumption of

medical devices by hospitals and other institutions across Canada.

Peggy Walshe reported on CISTI's facsimile trial which had recently been completed. It is anticipated that there will be facsimile service sometime in the next fiscal year.

The HSRC Advisory Committee meets twice a year; the next meeting should be in April. If you are interested in knowing more about the Committee or if you have issues you would like discussed, please contact any of the committee representatives.

CONTINUING EDUCATION

HEALTH SCIENCES LIBRARY EDUCATION IN CANADA: PART I - LIST OF COURSES

Joanne G. Marshall, Ph.D.

Assistant Professor
Faculty of Library and Information Science
University of Toronto
Toronto, Ontario

In the previous issue of **BMC**, the CE Column outlined the educational objectives for CHLA for the coming year. One of these objectives was to document the present state of health sciences library education in Canada. In December 1988, letters were sent by the CHLA CE Coordinator to the directors of 24 library education programs in universities and colleges across the country. Canadian program listings were obtained from the **Library Schools and Training Courses** section of the **American Library Association Directory** for 1988/89. Directors were asked to submit information about health sciences courses offered in their programs as well as health sciences content in more general courses. Responses were received from 13 programs which included seven university-based programs and six community college programs.

Readers may also be interested to know that the Medical Library Association maintains a list of **Courses in Health Sciences Librarianship Offered by ALA-Accredited Library School Programs** which includes both U.S. and Canadian information. The most recent update of the list (Summer 1988) is available by writing to the Medical Library Association, Suite 300, Six North Michigan Avenue, Chicago, IL, USA 60602.

The following list represents a summary of the information received by the CHLA CE Coordinator. A discussion of the history of health sciences library education and current trends will appear in the next **BMC CE** Column.

ALA-ACCREDITED LIBRARY SCHOOL PROGRAMS

University of British Columbia
School of Library, Archival and Information Studies
#831 - 1956 Main Mall
Vancouver, BC V6T 1Y3
(604) 228-2404
Director: Basil Stuart-Stubbs

Degree offered:
Master of Library Science

Health sciences course:

Librarianship 645 - Medical Libraries is taught each spring (January to April). The course emphasizes the major services and resources available in health science libraries in North America and the literature and bibliographic resources of the health sciences. In addition to regular class time, 12 hours of

practical experience in a health science library are arranged. A portion of the course is devoted to familiarity with MEDLARS. It is recommended that **Libr 620 Electronic Information Services** be taken prior to the course. The course has been offered since 1981 by C. William Fraser, Director of the BC Medical Library Service with the assistance of Anna Leith, Head of UBC's Woodward Medical Library. With Miss Leith's recent retirement, her place in the 1989 course is being taken by James Henderson, also of the Woodward Library.

Related courses of interest:

Special Libraries

Dalhousie University
School of Library and Information Studies
Halifax, NS B3H 4H8
(902) 424-3656
Director: Mary Dykstra

Degree offered:
Master of Library and Information Studies

Health sciences course:

LS Health Sciences Literature and Information Sources is offered once a year. The course has been an extremely popular one and for the past few years has been offered in the evening. The course emphasizes the various bibliographic tools used in health science libraries. Most lectures are accompanied by practical exercises to be carried out using material available in the Kellogg Library. The course is taught by Ann Manning, Health Sciences Librarian, Dalhousie University and her staff members, mainly Linda Harvey and Bill Owen.

Related courses of interest:

None listed.

McGill University
Graduate School of Library and Information Studies
Montreal, Quebec H3A 1Y1
(514) 398-4204
Director: Helen Howard

Degree offered:
Master of Library and Information Studies

Health sciences course:

Biomedical Information Resources covers not only sources of information but also discusses biomedical librarianship, as a discipline. The course objectives are to introduce students to the basic concepts of biomedical librarianship; to familiarize students with the specialized information resources in the field (current, historic, print and electronic); and to develop an understanding of the specialized functions of a biomedical library and the needs of users. The course is taught by Frances Groen, Life Sciences Area Librarian at McGill University. Ms. Groen is also the 1988-89 president of the Medical Library Association.

Related courses of interest:

Students have an opportunity to do an independent study project which can be in the health sciences area. The courses **Special Libraries, Reference Materials and Methods** and **Collection Development** also include reference to some life sciences materials.

**Université de Montréal
Ecole de Bibliothéconomie et Sciences de
l'Information**

Montréal, Québec H3C 3J7
(514) 343-6044

Directeur: Marcel Lajeunesse

Degree offered:

Maîtrise en bibliothéconomie et des sciences
de l'information.

Health sciences course:

Interested students are referred to the course
Biomedical Information Resources at McGill
University.

**University of Toronto
Faculty of Library and Information Science**
140 St George Street
Toronto, Ontario M5S 1A1
(416) 978-3202
Dean: Ann H. Schabas

Degrees offered:

Master of Library Science

Master of Information Science

Ph.D. in Library and Information Science

Health sciences course:

LIS 2250 Health Sciences Information
Resources is offered once a year. In recent
years, the course had been offered in the
spring term (January to April). The course
provides an overview of the identification,
acquisition, organization and use of
information resources in both print and

electronic forms in health sciences libraries
and specialized information centres. The
role of the librarian and information
specialist is examined in relation to the
changing health care environment. Use of
MEDLINE and other MEDLARS databases
is required. Students have the choice of a
30-hour practicum in a health sciences library
or a term paper as the major course project.
The course is taught by Joanne Marshall, a
full-time faculty member.

Related courses of interest:

A focus on health sciences materials or
services can be taken in a number of the
courses offered in both the MLS and MIS
programs. Some of these courses include:

LIS2620 Subject Approach to Information

LIS2660 Online Information Retrieval

**LIS2895 Management of Corporate and
Other Special Information Centres**

**LIS1518 Origins and Uses of Information
for Databases**

**LIS2718 Telecommunications for Infor-
mation Systems**

A Research Stream option is available in the
MLS program which allows the student to
conduct a research project in library science.
This project could be in the health sciences
field. MIS students conduct a 3-month
research project under the supervision of a
faculty member which could also be related
to health sciences.

**University of Western Ontario
School of Library and Information Science**
Elbourn College
London, Ontario N6G 1H1

(519) 661-3542
Dean: Jean M. Tague

Degrees offered:
Master of Library and Information Science
Ph.D. in Library and Information Science

Health sciences courses:

Two courses are listed in the calendar, **Health Sciences Libraries and Information Resources in the Health Sciences**. The courses have been offered when there is sufficient demand, which has been every three years or so.

The objectives of the **Health Science Libraries** course are to study the structure and information needs of the medical and allied professions; to consider requirements of library and information service for the health science community; to differentiate types of health sciences libraries; and to provide real or simulated experience in health sciences libraries.

The objectives of the **Information Resources in the Health Sciences** course are to introduce students to the literature (and other sources of information) used by the medical and allied professions, and to their distinctive terminology; to trace the historical development of the literature; and to critically review and evaluate the organization and subject content of this literature.

These courses have been taught in the past by Geoffrey Pendrill who is now a Professor Emeritus. The next offering of the **Health Science Libraries** course will be in January 1990 in Ottawa where it will be taught by Bonnie Stableford, Library Services Division, Health Protection Branch, Health and

Welfare Canada.
Bonnie has also taught the **Management of Special Libraries and Information Services** in Ottawa for SLIS.

Related courses of interest:

Information Sources and Services in Science and Technology

Management of Special Libraries and Information Services

An Individual Study may also be possible in which a student works with a faculty member in conjunction with a practising health sciences librarian.

OTHER UNIVERSITY-BASED PROGRAMS

Concordia University Library Studies Program

Loyola Campus
7141 Sherbrooke Street West
Montreal, Quebec H4B 1R6
(514) 848-2525

Director: Joanne Locke

Degree offered:
B.A. in Library Studies
(graduates are library technicians)

No courses are presently offered which deal specifically with the health sciences. A three-credit elective entitled **Library Research and Library Resources in Science and Technology** which included health sciences materials has been offered in the past when there was sufficient interest from students.

Lakehead University
Department of Library and Information
Studies

Thunder Bay, Ontario P7B 5E1
(807) 343-8420

Acting Director: Margaret MacLean

Degree offered:

B.A. with a major in Library and Information
Studies (graduates are library technicians)

At the present time there is no specific course in the health sciences; however a third year half course entitled **Selected Topics** is available. This course is designed to cover a specific area of interest and will vary from year to year. If a suitable instructor can be found, the **Selected Topics** course will focus on the health sciences in Spring 1990.

COMMUNITY COLLEGE COURSES

Grant MacEwan Community College
Library Technician Program

P.O. Box 1796

Edmonton, Alberta T5J 2P2

(403) 441-4637

Director: Tony Fell

Diploma offered:

Library Technician Diploma

No specific course on health sciences; however the course **LT412.3 Academic and Special Reference** includes a component dealing with medical and health sciences libraries. The course is offered once a year in the Winter trimester in the full-time program, and approximately once every 2 and

1/2 years in the part-time evening program.
The instructor is Pat Hall.

Vancouver Community College
Langara Campus

Library Technician Program

100 West 49th Avenue

Vancouver, BC V5Y 2Z6

(604) 324-5418

Coordinator: Joan Anastasiou

Diploma offered:

Library Technician Diploma

No specific courses in health sciences or other specialized areas, although the coordinator states that the content of most courses could be applied in a health sciences library. In one course, **Field Work 219**, a number of different types of libraries are visited including the health sciences. MeSH and NLM Classification are mentioned in the subject cataloguing course **Library Techniques 318**.

Red River Community College
Library Technician Course

2055 Notre Dame Avenue

Winnipeg, Man. R3H 0J9

(204) 632-2450

Coordinator: Margaret Ann Fowler

Diploma offered:

Library Technician Certificate

Library Technician Diploma

Course entitled **Working in a Health Science Library** is offered approximately every third year, subject to enrolment (15 students minimum). This course is part of the

Diploma course which is intended for Library Technician Certificate graduates who want to continue their education in specific interest and career-related subjects and to achieve the equivalent diploma status available to graduates from other provinces. There is also a health library option for those who take the **Working in a Special Library** course available in the same diploma program.

Seneca College of Applied Arts and Technology

Library Techniques

1750 Finch Ave East

North York, Ont. M2J 2X5

(416) 491-5050

Coordinator: Frances Davidson-Arnott

Diploma offered:

Diploma in Library Techniques

No courses specifically dealing with health sciences, although health sciences content is sometimes covered as part of other courses, especially **LIQ414 Special Libraries**. All students have one two-week special library practicum during the program and several health libraries are regular placement sites. Some academic library placements also involve working with nursing and allied health materials. Interested in offering post-diploma training on health sciences topics in collaboration with CHLA through the continuing education program at the College.

Sheridan College of Applied Arts and Technology

Library Techniques Program

1420 Trafalgar Road

Oakville, Ont. L6H 2L1

(416) 849-2810

Coordinator: Marion Wilburn

Diploma/certificates offered: Diploma in Library Techniques

Information Technology Certificate

(post-diploma)

There is no specific health sciences course in the Library Techniques program; however, students can take a health sciences focus in courses such as **Special Collections**. It is also possible to take a health sciences focus in any self-selected project, e.g. in a senior reference or online searching course. A **Medical Terminology** course which is part of the office administration program can also be taken by library techniques students. Two-week practice placements which are part of the techniques program can also be taken in a health sciences setting.

CEGEP Francois-Xavier Garneau

Techniques de la Documentation

1660, Boulevard de l'Entente

C.P. 6300

Sillery, Quebec G1T 2S5

(418) 688-8310

Coordonnatrice departementale: Lise Roy

There is no course in the program which specializes in health sciences. Nevertheless, students can select certain projects in the general courses that deal with medical or para-medical topics.

PUBLIC PERCEPTIONS OF LIBRARIANS: BOOK SHELVERS, NICE LADIES OR INFORMATION SPECIALISTS?*

Roma M. Harris, Ph.D.

Associate Professor
School of Library and Information Science
University of Western Ontario
London, Ontario

As is implied by the title of this session, there is considerable confusion in the public's perception of the attributes and roles of library workers. However, this confusion is not limited to the public, it is also rampant within the field itself. Consider, for example, an article in which the results of a survey of librarians and students' perceptions of male librarians were reported.¹ The results revealed that male librarians believe themselves to be perceived more negatively than they really are and that contrary to their beliefs, the public's image of male librarians is actually quite positive.

I was asked to do this session because of a study I did with Christina Sue-Chan in which university students and public library users were asked about their understanding of the work of librarians and lawyers.² The results revealed that while the subjects' perceptions emphasized the traditional roles

played in these fields, their ideas about law were unrealistically flattering and their understanding of librarianship was particularly unflattering. For instance, the male subjects greatly exaggerated the earning power of beginning lawyers and "were particularly likely to describe librarianship as a clerical occupation for which one requires relatively little education". Furthermore, although nearly all the subjects agreed that "the work of librarians involves reference and cataloguing, as well as circulation and shelving ... with the exception of report writing and staff supervision, the tasks that most of the subjects did not recognize as librarians' work are those that are accorded the highest status by librarians themselves"³.

This conclusion was based, in part, on an earlier study in which M.L.S. graduates who were asked about the prestige of various tasks in the field ranked policy development, budget preparation, computer systems design, and staff supervision to be among the most prestigious activities undertaken by librarians and ranked circulation, children's work, and cataloguing among the lowest.⁴ The study also revealed that the highest ranked tasks were performed more by males than by

* This is a much abridged version of a paper presented at the Ontario College and University Library Association (OCULA) Winterbreak '89 Conference, March 2-3, 1989 in Toronto, Ontario.

female librarians whereas the lower status tasks were performed more by females. Similarly, a study of library educators indicated that these same low prestige areas are more likely to be taught by women in library schools than by men who are more likely to teach subjects such as systems design and information science⁵.

In the public perceptions study, Sue-Chan and I observed that the higher the number of male librarians the subjects thought worked in the field, the higher were their ratings of the prestige of librarianship. Generally, the subjects were correct in estimating that there are more males than females in law and fewer males than females in librarianship, however, they overestimated the number of males in law and underestimated their numbers in librarianship.

What should we make of all this? It seems clear that not only is librarianship low in status relative to other "professions", but that within the field itself, segregation also occurs along gender lines. I am emphasizing the issue of gender because I believe that an understanding of the status and image of librarianship is inextricably bound up with its history as an occupation that has been numerically dominated by women. Furthermore, in my opinion, many of the attempts that are made to enhance the status of librarianship change the nature of our work away from that which is "female". In other words, I see that many of our attempts to make ourselves appear more professional are, in a sense, attempts to defeminize this occupation.

You might reasonably ask what my evidence is for this conclusion. To start, consider the changes in the names of many

library schools to include "information science" and, more recently, changes in the names of the degrees granted, from M.L.S. to M.L.I.S.. It might be argued that this is simply a matter of recognizing, in the names, the greater areas of knowledge included in programmes and in the graduates' repertoires. However, having heard the arguments presented in our own school by the students when this was being considered I can assure you that the key reason for the change was that it would enhance the prestige of the degree.

What does this have to do with gender? Well, as I noted earlier, not only are the activities of information scientists considered to be more prestigious than those of librarians, but these activities are more likely to be undertaken by men than women. For example, an analysis of elective course registrations revealed that proportionately more male than female students selected course options in the area of information science⁶ and Morrissey and Case observed that "men tend to be evasive about telling others they are librarians" and assign to themselves other titles such as educator and information scientist⁷. Related to this, it seems that one of the stumbling blocks to the integration of university libraries with campus computing centres may be the reluctance of male computer scientists to call themselves librarians⁸.

As is characteristic of other female fields (such as nursing, social work and teaching), we have tended in librarianship to prize administration over direct service despite the fact that this is not the case in those professions we would like to emulate. In law and medicine, for instance, administrators are not as highly valued as experts such as heart

surgeons and prominent criminal lawyers. In our own field, those with expertise in activities such as cataloguing or reference are seldom able to advance without taking on administrative roles that remove them from the arena in which they demonstrate their skill. In a sense then, it seems that when we prove ourselves at "women's work" we are rewarded with the opportunity to perform "men's work".

In my opinion, the intellectual core of librarianship lies in the control of information through cataloguing and classification and in the delivery of information through reference services. The patterns of work in both of these areas are changing in a manner that involves a 'defeminizing' of work, partly as a result of automation. For instance, less and less original cataloguing is done in most libraries, resulting in less professional staffing. Cataloguing is an area that seems, at least from the limited information we have available, to be one in which women are disproportionately represented.¹⁰ Thus, accompanying technological change is the deskilling of a traditionally female area of work in the field.

Changes in the economy also affect the distribution of work in libraries. For instance, the production and manufacture of most goods has, traditionally, been a male activity while services have been performed, for the most part, by women. However, with the growth in the profitability of the service sector there is a repackaging going on in many parts of this sector that is having the effect of defeminizing or eliminating female specialties. According to Estabrook, "so long as the service sector of society was relatively small, and so long as those who worked in the service sector received low wages, there

was little impetus to implement productivity-enhancing measures in service-producing organizations... Libraries were (and still are) labour intensive, but so long as labour costs were low, the marginal productivity of an individual worker was not a major concern". This is no longer the case and, she continues, the adoption of technology enhances productivity with the result that "a skilled more expensive labour force can be replaced by less skilled workers"¹¹.

Women who have been traditionally the largest group of employees in the service occupations and who have in the past found in these occupations an opportunity to excel, now find themselves being replaced with less skilled workers or else asked to take on less skilled work in addition to their regular jobs. Thus, the very things that defined or were at the core of these occupations, the service or "female" functions, are being lost or subsumed by other less identifiably female activities. Furthermore, as information and other services are packaged as commodities to be sold for profit, the delivery of these services will be increasingly limited to those who can pay and less of our attention will be focused on those who are disadvantaged and have little access to resources. (For evidence of this development consider the ever increasing challenge to "free" library service represented by user fees.)

There are many other examples I could give of changes in the nature of work in this field that represent a shift away from its female origins. Thus, it seems to me that concern over the image question is anything but trivial. Instead, I see it as simply masking the more fundamental issue -- the future direction of librarianship.

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EFFECTIVE NEGOTIATION IN THE WORKPLACE*

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Approaching conflict in organizations today can elicit emotional distress and create political wariness. One of the greatest obstacles to openly confronting conflict is our fear. Many institutions function bureaucratically. Speaking out can evoke fear of a punitive response from higher levels of authority within the organization. A worker whose job depends on maintaining the status quo of a hierarchical organization is unlikely to gain support and approval for raising issues that might indeed challenge the status quo.

There is the fear of risking and losing. There may be the fear of being found in error or even winning unfairly. When we can confront what is honestly troubling us, there is often the fear of facing the internal conflict of not behaving in a way that is consistent with the values we say are important to us.

The concept of conflict management is not new. Unfortunately, however, most

issues in bureaucratic organizations are managed in such a way that leaves at least one party feeling hurt, confused or angered. At the heart of this is a belief that competition is the appropriate approach towards conflict resolution. Fighting for or against produces winners and losers. Paradoxically, the situation then moves towards a lose/lose outcome when those who lose find covert ways to 'get back at' the perceived winner. This often occurs when workers feel their needs have not been met by management, whether in working towards respectful working relationships, quality of work life issues, or job demands. Work outputs decrease and morale goes down. Rather than listening with sensitivity and trust, the manager, fearing his or her own supervisor, tightens up control and pushes harder. The increasing resistance fuelled by the fear of further punishment increases the spiralling cycle of dysfunction. This win/lose approach to conflict management is costly. It encourages people to function in covert, competitive ways with self-interest the primary concern.

There is another approach, however, which supports a climate of winning for all involved parties. In this approach, negotiation with a problem-solving basis

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produces mutually satisfying results. It is as much an art form as a planned-for strategy. It encourages attention towards the process of caring for and maintaining the relationship. It demands respect, empathy and support for the purpose of keeping the health of the relationship intact. It ensures a continuation of the relationship. It provides an opportunity for the involved individuals or parties to extend beyond the boundaries that exist to creative and better resolutions. For example, at a recent management workshop on conflict, participants expressed, initially, differing expectations. One group expressed a need to practise negotiation (via role play), while the other group wanted theory and facts. The trainer also had her needs which were to cover elements of both.

Discussion relating to expectations surfaced underlying fears and needs. Once these were acknowledged, e.g., fear of role playing or not getting their money's worth in content, the group problem-solved together to create a design that did produce mutually satisfying results. What took an extra thirty minutes initially saved much more time in not having to deal with resistance later on. It also supported a more conducive environment for learning by giving participants a feeling of control.

This win/win approach to managing conflict is based on three characteristics. First, conflict is inevitable; secondly, the stress of conflict we experience as discomfort or disease is usually a result of our expectations not matching the reality of the situation; and thirdly, conflict is desirable.

The inevitability of conflict occurs when two or more persons have differing wants or needs. Awareness and acknowledgement of

these wants and needs, even to oneself, is the first step towards resolution. Being able to communicate these wants and needs in an articulate, non-defensive, yet assertive manner, is not easy for everyone. It can feel risky. We are taught early in life to avoid speaking out about our needs, e.g., "button your lip", or "turn the other cheek". It is hard work to turn around socialized lifelong patterns of behaviour.

Focusing on our interests, shared and differing, though, can help us step outside the positional stance in which there is a greater risk of being right ... or wrong. This means separating the people from the problems and getting to the underlying issues of "what's really going on here?" Then each of the parties become problem-solvers working together in a non-competitive manner. It involves two-way communication requiring interpersonal skills - being able to actively listen and step into the other person's shoes or experience.

The win/win approach also involves participatory decision-making in which control over the process and collaboration in determining results are shared. Control over the process is a very different approach from one person having control over another. When one has 'power over' or control over another human being, the equality within the relationship and empowerment of the individual is compromised. Focusing on the problems often requires a continual re-defining of the problem in order that each individual's discovery of the personal meaning of the ideas is promoted and facilitated. Like an onion, layers of symptoms of the conflict are peeled away. The artistry is the care and creativity in which the layers are exposed. The problem-solving is the analysis of each

layer.

The second characteristic of the mismatch between expectations and reality relates to our ability in seeing the world around us. There is a need to close the gap between what is desired and what now exists. Conflict does not usually lie in objective reality but in our perception of that reality. The information we take in about any given situation is influenced by our past experiences, biases, values, assumptions and our wants, needs and fears. As we screen the information through the filter in our minds, reality becomes "as each side sees it". Developing the ability "to see clearly" the larger picture of ourselves beyond, but not negating, our needs and develop understanding of the "others'" reality, assists us in closing the gap.

The characteristic of conflict being desirable not only supports keeping the relationship intact and healthy, but it

encourages results that are creative and productive. Often more than one solution to the initial presenting problem is identified. This occurs when there is a trusting, supportive environment and the person can risk by stepping outside the boundaries previously created. Exploring the differences, being open and willing to be influenced, are key to the 'art form' of managing conflicts. People are complex, unpredictable beings. Nobody can control all conflict situations. Valuing our own and others' uniqueness, including the 'unknown quantity', nurtures the creativity and innovation of conflict.

Managing conflict towards all parties winning takes courage. It demands change and growth in developing a personal sense of empowerment. It demands respect for the process as much as attending to the task of resolving the conflict. And finally, it means being able to be there, even when it feels risky, attending to the other with empathy, interest and understanding.

MEASURING THE IMPACT OF A HOSPITAL LIBRARY IN TERMS OF VALUED ADDED PROCESSES

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Introduction

That the financial support for libraries has crumbled in spite of the advent of the much heralded Information Age is one of the more perplexing paradoxes of contemporary life. Instead of finding financial support for libraries being on the increase, one notes increasing evidence of their devalued status. For example, in Canada's wealthiest province some universities have recently found it necessary to "sell" their libraries¹. While funding for health sciences libraries is not nearly as desperate, the Flower Report is hardly enthusiastic in surveying the status of their levels of funding. Hence, on the very first page of **Libraries Without Walls : Blueprint for the Future** one finds the following comparison: "The evidence indicates that growth over the past five and ten years, however, has not nearly kept pace with expanding needs and with other expenditures in other aspects of Canada's health enterprise"². In comparison, Canadian health libraries also seem to suffer from a devalued status.

Given the realities of this highly competitive situation, the need to demonstrate one's worth as an information professional and/or as a professionally managed information service has become an imperative as perhaps never before. Not

surprisingly, there have been a number of recent professional conferences and publications grappling with this issue by making the attempt to translate worth into economic terms³⁻⁶. A trailblazer in this effort to measure the impact of professional information services on their sponsoring organizations has been Donald W. King and his associates. In their 1984 study, **A Study of the Value of Information and the Effect on Value of Intermediary Organizations, Timeliness of Services & Products, and Comprehensiveness of the EDB**, the King group calculate a dollar value return on the investment in research and development information resources by the United States Department of Energy. The King Research group concludes: "For readings of articles there were estimated to be an average savings of \$1,280 per reading. When extrapolated to the population of energy scientists and engineers, the total savings yielded from reading came to about \$13 billion just for 1981"⁷. [It should be noted that for the King study all figures are given in U.S. dollars.]

In addition to calculating the impact of immediate savings, the King group also approached the value of intermediary information services in terms of "what would

happen if the information was not available"? To determine the scope of this lost value, they devised a rather ingenious method: "It was estimated that the corresponding lost value, that is value attributable to the Energy Data Base services and products, was about \$117 million in terms of the value determined by what users were willing to pay for the energy information (in price paid and time expended in getting and using information)"⁸.

Other methods to measure the economic value of intermediary information services have been summarized by a 1987 Special Libraries Association President's Task Force on the Value of the Information Professional⁹. The Task Force explored the concept of value added as applied to the information professional, whereby value added activities embrace a spectrum of outputs, from the systematic manipulation of documents on the low end of the spectrum, to the highly customized repackaging of informational content at the upper end of the spectrum. Added value thus becomes the knowledge, skill and judgement that the information professional interjects into the organization. One of the members of the Task Force, by drawing an analogy between the services performed by an information professional and a physician, illuminates the concept of value added. She states that "The information professional's work is similar to the physician's in observing the client, querying the client about the problem, searching for data or information and synthesizing the results and delivering an information product to the client. The immediate measure of success or benefit is the degree to which the information helps the client to solve the problem"¹⁰. While one may disagree with the strict validity of this analogy on the grounds that the physician bears a legal

liability for the impact of the information provided that the information professional does not, the differentiation of the concept of added value as a hierarchy of values is an important contribution.

There have also been attempts within the health libraries community to develop a methodology to measure the impact of services. The first documented attempts involve measuring the economic impact of a hospital clinical librarianship service¹¹. It was found that such a service could affect savings in expensive laboratory tests. A fundamental breakthrough has been David N. King's study of the impact of eight Chicago-area hospital libraries on patient care services. King does not attempt to reduce the impact in terms of a bottom line; rather he surveys health care professional's self reported assessments of the information service provided. The impact is defined in terms of cognitive value and contribution to patient care¹². While King concedes that such surveys of attitudes do not provide wholly persuasive data, the King study contributes significantly to the debate concerning the value of libraries. Furthermore, King's work is significant in so far as he makes a very important observation about measurable outcomes, and hence value. King states, "Although general queries about case management may be helpful, and although changes in case management may not occur even if the information is relevant and valuable, behavioural change by health professionals must be considered a strong indicator of the information's impact"¹³.

The present study follows the steps outlined above by attempting to apply the concept of value added to measure the impact of a hospital library service. Impact shall be

evaluated in terms of changes of behaviour, and whenever possible an economic value will be attributed to these changes. It should be noted, however, that library services can exert a number of different kinds of impacts that are not immediate consequences of value added processes. For example, the containment of liability can be a significant beneficial contribution of information services. While such contributions may hold true in a general way, establishing a causal connection between services provided and the containment of liability is difficult because the interrelationship between cognition and behaviour is very complex and not easily reducible to single variables. However, there has been some recent research on the impact of a medical journal club which future research on value added processes must take into account¹⁴. However, such considerations go beyond the bounds of the present study.

METHODOLOGY

Two types of data have been collected: library use and a questionnaire (see **Addendum**). Library use data reflects borrowing patterns, interlibrary lending activities, and requests for specialized information services. The questionnaire sought to elicit data on information seeking behaviours such as time invested in using materials obtained from or through the library, and it attempted to establish whether staff were willing to spend their own money for document delivery if the library were to be closed.

A 43-item questionnaire was administered by a third year university sociology student while employed as a summer research assistant to the staff

librarian. Only five of the original questions; i.e. those directly related to value added activities have been incorporated into this present study. It is hoped that a future study will report on the result of the other part of the survey. All respondents were hospital employees, and all were contacted by at least three successive phone calls spaced out over a three week period. Response rates broken down by department affiliation are given in Table I.

The major shortcoming of the methodology grew out of the arbitrary division of respondents by departmental affiliation. In the case of administrative employees, the category proved to be too amorphous because it included non-union employees without any direct patient care functions as well as management staff. Moreover, grouping all members of the nursing staff together irrespective of formal academic qualifications also proved to be a mistake. For example, since much of the analysis rests on accurate salary information, academic qualifications rather than departmental affiliations proved to be more critical. Hence, large numbers of valid respondents had to be eliminated; thus the incongruity between total valid responses and the number of responses used for analysis of results. Another unforeseen problem with the survey concerns the truthfulness of responses. The research assistant found, for example, that some members of the nursing department claimed qualifications that did not match information provided by the department itself; that is, some registered nursing assistants claimed to be registered nurses when they were not.

DISCUSSION

As in the King Research study, this analysis assumes two basic perspectives: (1) the immediate impact of value added processes; and (2) the impact of lost value resulting from a discontinuation of such activities. The discussion of immediate impact spans the following topics: the use of library-generated information products; the investment in time to use library materials, and savings resulting from interlibrary lending services. Only after these immediate impacts have been treated, will the perspective shift to a calculation of the loss of value that would result from the discontinuation of services.

Although not expressed in these terms, libraries and librarians have in fact, traditionally either generated or provided a number of value added products. Indeed it is these value added products and services, namely the catalogues, indexes and union lists, to name but a few, that set libraries off from book stores. Therefore as library generated value added products justify having an information services professional, it is important to know whether these products do affect library users. Consequently, hospital staff were surveyed to establish the proportion of staff using library generated information products. The results of this survey are given in Table II.

Although a large proportion of respondents report using these library value added products, it is not possible to assign an economic value to these information seeking behaviours. For example, just calculating person hours saved as a result of use is impossible because so much depends on individual knowledge of, and skill in using

these bibliographic tools.

This inability to measure an economic value is a very serious problem. It reduces any reliable evidence to the anecdotal or sporadic, which undermines professional accountability. Perhaps one way out of this dilemma is to re-conceptualize the notion of value. That is, instead of asking, "What is the price of organizing information?", we ought rather to ask, "What is the cost of disorder?". For surely, intellectual energy costs increase with system disorder. Quite bluntly, a garbled, untimely, or lost message is of less value than a timely and reliable message. These assertions owe much to a concept from information theory known as entropy¹⁵, and I suggest that future research may wish to consider using entropy to compute the orderliness and reliability, and hence value of the library as an information medium in its own right.

Whereas measuring the improved library effectiveness in terms of traditional value added products is not possible, a calculation of time invested in reading, listening to, or viewing library resources is feasible. In turn, time invested can be directly converted into an economic value. In the survey, respondents were asked to estimate the average time they spent using library materials (see **Addendum**). Because salary information is confidential, it was decided to restrict the analysis to certain common denominators, these being academic degrees and certificates, such as M.D.s, Ph.D.s, R.N.s, and M.S.W.s. For each of these groups of employees, entry level salary figures were assumed. So it has to be understood that the conversion of self-reported total person hours invested in using library materials is incomplete and under-

stated to the extreme. The survey found that the aggregated figures for annual person hours spent in using library materials are 450 annual person hours for nine M.D.s; 2,750 annual person hours for eighty seven R.N.s; 600 annual person hours for fifteen M.S.W.s; and 200 annual person hours for four Ph.D. psychologists. Assuming 1,820 working hours to be equal to one person year, it was calculated that the nine responding M.D.s invested the equivalent of 1/4 person years in using library materials; the 87 R.N.s invested the equivalent of 1 1/2 person years; the M.S.W. social workers, 1/3 person years; and the four Ph.D. psychologists, about 1/10th of a person year using library materials. The conversion of these person years into entry level salary figures results in invests of \$16,500 for M.D.s; \$48,000 for R.N.s; \$10,267 for M.S.W. social workers; and \$4,300 for Ph.D. psychologists. Because large numbers of other employee groups were eliminated, the total of \$79,067 for time invested in using library materials is grossly understated. Nevertheless even at that, these employee costs could easily increase with a less efficient information service.

Another value added activity that has an immediate financial impact on the hospital is interlibrary lending. The financial impact of interlibrary lending results, of course, in the savings to the journal subscription and book budget. Indeed interlibrary lending is a value added activity par excellence because without such library generated products as union lists, cooperative arrangements would be inefficient if not prohibitively expensive. In our study, interlibrary lending services save the journal budget an estimated annual savings of approximately \$75,792.

In addition to looking at the up-front impact of library services, it is also possible to project the loss of value in the event of a cessation of services. In such an event all intermediary services would cease. The approximately 2000 photocopies from the library's own collection, the 676 documents delivered as part of the "Table of Contents Service", the circulation of 959 books from the library collection, and 108 books obtained through interlibrary lending would be either sharply curtailed or stopped. It does not take much imagination to see that the time invested in information seeking behaviour would increase, and with that increase in time invested, labour costs would also necessarily increase.

As in the King Research study, selected hospital staff were surveyed to find out how many of them would be willing to pay for document delivery services if there were no library (see **Addendum**). 60% of respondents indicated that they would be willing to assume such costs. On the basis of an average cost of \$0.70 to \$4.42 per document obtained through interlibrary lending, we calculate that the 2,676 documents reproduced from the library's collection would cost between \$1,873.20 and \$11,847.92. [All costs are given in Canadian funds]. Since 60% of staff would be willing to bear such costs in the event of the cessation of all library services, it is concluded that the economic impact of such a decision would fall between \$1,123.92 and \$7,108.75 for journal articles alone. Moreover, based on the average cost of \$67.46 Canadian for a book in the 1988 Brandon list¹⁶, it would collectively cost 60% of respondents willing to pay for the 1,067 books obtained from the library \$43,187.89 Canadian should library services be terminated.

CONCLUSION

Canadian hospital libraries function in a health care system that is currently coming under intense financial scrutiny. As the competition for financial support becomes ever more competitive, hospital libraries need tools to demonstrate their worth. The concept of value added presents one such tool. The notion of value added as applied to the information services field embraces a spectrum of activities from the manipulation of documents to facilitate systematic access to the re-packaging of the information content.

It is possible to estimate the financial consequences of such value added activities if one looks at the changes in behaviour that result from the use of value added products and services. Clearly, there are savings in time, and consequently reduced labour costs. There are also immediate savings as a result of interlibrary lending, which with its elaborately produced infrastructure, is a value added activity perhaps without parallel. It is also possible to calculate the financial impact of eliminating such a service from the perspective of willingness to pay for alternative services.

A conservative estimate of the financial impact of one hospital library is as follows: the time invested in using library materials is estimated to be worth about \$79,067. The immediate savings to the journal budget as a result of interlibrary lending is estimated to be \$75,792. for the current year. The value of indirect savings expressed as a willingness to pay for alternative services amounts to between \$44,311.81 and \$50,296.64. The value of both direct and indirect services falls between \$199,170.81 and \$205,155.49. In other words, for every dollar that the hospital

invests in library services, it receives about three in return.

Our study also revealed some major limitations. Without being able to obtain complete salary figures, the cost of reading time remains a rough estimation. Secondly, higher level value added activities need to be developed. Skip Weitzen's book entitled **Infopreneurs: Turning Data Into Dollars** offers many dynamic suggestions to develop new value added services¹⁷. Thirdly, future research needs to devise methods to calculate the impact of traditional library value added products such as catalogues and indexes. The concept of entropy may provide a fruitful avenue of approach. Finally, future research into the area of value added processes also needs to incorporate the findings of related areas of research such as media impact studies.

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ADDENDUM: QUESTIONNAIRE

1) Department Affiliations :

- 1) Medical --
- 2) Psychology --
- 3) Social Work --
- 4) Nursing --
- 5) Administration --
- 6) Support Staff --
- 7) Other (specify)

2) Educational Background (completed university/college training):

- 1) Bachelor's degree --
- 2) Master's degree --
- 3) Ph.D. --
- 4) M.D. --
- 5) diploma --
- 6) other (specify) --

3) Please estimate the average time you spend during an average week reading, listening to, or viewing some item that you have obtained from the Staff Library:

- (a) none
- (b) no more than 1 hour per week
- (c) between 2 and 3 hours per week
- (d) more (specify)

4) If the hospital were no longer to provide library services, would you be willing to spend more of your own money to obtain books, journals, or photocopies of journal articles ?

YES _____ NO _____

5) The Staff Library produces and/or distributes various products to make library use easier. Of the following, which have you ever used :

- (a) Table of Contents Service (TACOS)
- (b) List of Journals Held
- (c) List of New Library Books
- (d) Book reviews in the inhouse staff development newsletter
- (e) Card catalogue
- (f) KWOC Index to tape collection

TABLE I

	Administration	Medicine	Nursing	Psychology	Soc. Work
total possible	--	17	401	16	17
refusals/no response	0	8(47%)	256(64%)	2(12.5%)	2(12%)
valid response	17(100%)	9(53%)	145(36%)	14(87%)	15(88%)

TABLE II

1. Card Catalogue	119	(60%)
2. List of New Library Books	118	(59%)
3. List of Journals Held	108	(54%)
4. Table of Contents Service	87	(44%)
5. Book Reviews	54	(27%)
6. KWOC Index to Tape Collection	39	(20%)

PAY EQUITY AND LIBRARIES

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HISTORY OF PAY EQUITY

Work that has been traditionally performed by women has, historically, been undervalued and, as a result, underpaid, so much so that in 1987 the wage gap between the male and female worker's average salary was 35% in favour of the male.

This wage gap stems from a number of different factors - such as differences in education levels, experience, unionization to name a few - but "a significant portion of the gap, estimated to be 1/4 to 1/3, exists because of the historic undervaluation of the work done by women"¹.

The concept of equality in compensation is not a new one. As early as 1951, the I.L.O. in Geneva agreed in **Convention 100** that there should be equal remuneration for work of equal value. In Europe, France initiated an **Equal Pay Act** in 1972. This was followed in 1975 by the Council of the European Communities' **Equal Pay Directive**. In Canada, the province of Quebec has led the pace. In 1977, it guaranteed pay equity when it included the I.L.O.'s Convention 100 within its **Charter of Human Rights and Freedoms**. One year later, guarantees for equal pay for work of equal value were incorporated into Section 11 of the **Canadian Human Rights Act**. Manitoba passed a **Pay Equity Act** in July of 1985; however this

does not cover all public employees in the province, nor does it apply to private sector employees.

In Ontario, the process to initiate pay equity has come slowly. Discussion papers, research reports, public hearings, private members' bills and resolutions of the Legislature all preceded the first **Green Paper on Pay Equity** which was tabled in November 1985. Following discussion and submissions by interested parties, in February 1986, the Minister of Labour tabled Bill 105, the **Public Service Pay Equity Act**, 1986 for first reading. Debate resulted in a broadening of its application so that the **Pay Equity Act** of June 1987, in effect as of January 1, 1988, applies to all employers in the broader public sector and those in the private sector who employ 10 or more employees.

WHAT IS PAY EQUITY?

Since *employment equity*, *equal pay for work of equal value* and *pay equity* are often used in the same breath, it is important at this point to differentiate between the three. **Employment Equity** is a strategy that seeks to achieve equal opportunity for employment. **Pay Equity**, on the other hand, describes "a policy which specifically addresses the compensation of women and men" once they are in a place of employment². Pay Equity

is concerned with the issue of equal compensation for jobs predominantly held by women and determined to be of comparable worth to jobs predominantly held by men while **Equal Pay For Equal Work** legislation requires that employers are obliged to pay employees equally if they are doing the same or substantially the same job. Pay Equity requires that employers determine the relative value to their organization of gender dominant jobs and establish pay scales on that basis. Relative value is normally determined by measuring the total skill, effort, responsibility and working conditions required to undertake the job. While the two concepts are somewhat similar, federal laws governing equal pay for work of equal value address systemic discrimination of occupational groups as a whole. Unlike the pay equity process, individuals must initiate the complaint process and generally the complainant must produce some sort of statistical evidence analyzing the workforce composition, inferring sex-based occupational segregation which, in turn, results in unwarranted wage discrimination. The situation is remedied by a lump sum payment, representative of total proven wage discrimination, being made to the successful claimants.

Pay equity programmes, on the other hand, follow an ongoing planning-oriented process that requires employers to initiate and maintain programmes of positive remedy. Settlements are not one-time with pay equity -- wage discrimination is eliminated, or minimized, over a period of years through annual wage adjustments. The intent is to balance the need to correct a social injustice with the limited ability of employers to meet ongoing wage increase requirements.

The landmark 1980 case of female-dominated federal librarians vs. the male-dominated historical research group, in which \$2.3 million dollars was paid out in settlement costs, is an example of what can take place under an "equal pay for work of equal value" complaint using the Human Rights Legislation. No such hope for immediate financial gain by hospital librarians can be held out under the **Pay Equity Act** of Ontario because of the way the legislation both compares positions and redresses workplace inequities.

PAY EQUITY IN ONTARIO

The Pay Equity Act³ requires that all employers in the public sector and private sector firms with 100 employees or more develop, post and implement pay equity plans. Public sector employers, such as hospitals, are required to complete this process by January 1, 1990. Under this plan, job classes that are predominantly occupied by women and job classes predominantly occupied by men in the same establishment are compared using a gender neutral job evaluation system. Where these job classes are determined to be of equal value - and yet the female jobs are underpaid - compensation must be adjusted gradually over a set period of time. Under this system, poorly compensated male employees within the female job classes will also receive adjustments.

The Pay Equity Commission outlines the framework of the process as follows:

1. Identify the number of pay equity plans required in each establishment.

2. Determine female job classes and male job classes according to the Act's definition.
3. Determine possible comparable jobs.
4. Select an appropriate, gender-neutral method of job comparison.
5. Evaluate comparable job classes which meet the female- or male-dominated definition.
6. Compare compensation of job classes of similar value.
7. Determine adjustments required to achieve pay equity.
8. Prepare pay equity plan document.
9. Post pay equity plan.
10. Make required adjustments.

The pay equity plan document outlines the comparison method used; the job classes compared; and the compensation of those job classes found to be of similar value. The plan also sets out how required pay equity wage adjustments will be made. This document is then posted in the workplace so that all affected employees can see it. If no concerns are raised by employees about the document, the pay equity plan is considered approved. It is not necessary for the employer to file the plan with the government. In a unionized work place, employers and bargaining agents negotiate the pay equity plan. If both parties agree, the plan is considered approved.

Employees covered under the Act are full-time and permanent part-time employees working in predominantly female job classes in the public sector and in the private sector in firms with more than ten employees. It also covers part-time employees working at least 1/3 of the normal work period as well as workers who are employed on a seasonal basis each year in the same position for the same employee. Part-time workers who may not work the 1/3 of the normal work period but who perform work on a regular and continuing basis are also covered by the Act.

Exemptions: Employees performing jobs on a casual basis or students working during their vacations are not covered under the Legislation. Exemptions also apply to private sector firms with less than ten employees. In addition, certain wage differences within comparable job classes will not be subject to redress. These include those that result from formal seniority systems, temporary training assignments, formalized merit pay, red circling and skills shortages.

Pay equity plans must be prepared for each bargaining unit and for non-union employees in each of an employer's establishments. Consequently, deciding what the establishment is will partly determine the number of pay equity plans needed. The **establishment**, according to the Act, is all the employees of an employer who work in a given geographic division (i.e. county, regional municipality, territorial district or major city). Establishments may be expanded to include two or more geographic divisions at the discretion of the employer, if agreed to by the union; however, the employer may not subdivide a geographic location. In this way, a national consulting firm with offices and

corporate libraries in Toronto, London and Ottawa may expand its establishment to include all 3 cities, thereby possibly facilitating creation of a female job-class of librarians for comparison with a suitable male-dominated class within the same company. [This is not to imply that companies will be so obliging]. On the other hand, the University of Toronto, an employer which maintains a number of libraries and offices, would not be able to subdivide its Toronto locations into more than one establishment. It is important to remember that, within that one establishment, several pay equity plans might be in force, depending on the number of unions within the University of Toronto structure.

The Act requires that female job classes be compared with male job classes in each establishment. Whereas a "position" is a collection of the duties and responsibilities that constitute the total work assignment of an individual employee" and a "job" is "two or more positions having the same key duties and responsibilities", a "job class" is defined as "those positions ... that have similar duties and responsibilities and require similar qualifications, are filled by similar recruiting procedures, and have the same compensation schedule, salary grade or range of salary rates [Section 1(1)]. Under this system, then, Librarians may not be classed as a unique provincial job class and compared to another male-dominated profession. Each individual librarian, however, depending on the plan implemented and the assessment of the position's requirements, may constitute a single job class within her own institution.

A **female-dominated job class** is one in which at least 60% of the positions are held by women. A **male-dominated job class** is

generally one in which at least 70% of the positions are held by men. However, what is termed as '**historical incumbency**' may supersede present actual numbers so that if a job class has been traditionally filled by men but has just recently been filled by women, it may still be considered a male job class. In the same manner, the Act allows for the use of traditional **gender stereotypes** of work in determining whether or not a job class is male- or female-dominated. For instance, librarianship is a profession that has been traditionally followed by women. If an employer happens to have a male librarian, his job class could still be considered female.

COMPARISON FACTORS

The Pay Equity Act stipulates that comparison of job classes must include consideration of the following factors:

SKILL: generally includes education, experience or special abilities required to perform a job.

EFFORT: includes physical and mental effort.

RESPONSIBILITY: decision-making, responsibility for people, equipment and/or budgets.

WORKING CONDITIONS: the working environment of a job including such aspects as dirt, noise, stress, risk to health.

Employers may choose to expand upon these factors; however, for a plan to be considered adequate under the legislation, all four must be included.

A variety of comparison systems exist already within the business world. Neither the Legislation nor the Pay Equity Commission approves or recommends any one system. Those used may vary in sophistication depending on the complexity of the organization they are required to analyze. **As long as the system used is gender-neutral, applies the four factors listed above, and is agreed upon by the bargaining unit (where unions exist), then it is considered a suitable plan under the law.** Non-union programmes are instituted by the employer without prior bargaining with employees who may, however, voice their disapproval of the plan through the complaints process.

A point rating system is what will most probably be used within most pay equity plans. A combination of a factor comparison method with a point system, this type of job evaluation system breaks down factors into successive levels of weight (i.e. basic skill, working skill, advanced skill) and assigns numerical values to each level. The job is then evaluated for all factors and classified at a certain numerical value for purposes of comparison. The Stevenson Kellogg plan, recently approved by the O.H.A. as the suggested programme for use in Ontario hospitals, is essentially a point-rating system. While hospitals may choose to go with this plan for their non-union programmes, the bargaining units of most unions involved in our health care system have yet to accept the Stevenson Kellogg plan. It is likely that hospitals, wherever possible, would prefer not to have to implement five or six different plans. Hence, union acceptance of any system is essential if uniformity is to be maintained within institutions and within the health care field. At this stage, it is still too soon to say whether one plan will predominate in use by

Ontario hospitals.

As mentioned, the system must be free of gender bias: in other words, aspects of work typically done by women must be valued equally to those typically done by men. For example, equal value should be ascribed to the lifting heavy patients by female nurses as is given to lifting heavy objects by stores personnel. The system must also prevent assumptions about the value of a job based on job titles and job perception. For instance, while the title of 'manager' might sound superior, the position of 'medical librarian' might have as significant a responsibility.

Instruments for job comparison:

Because the pay equity system is a self-managed one, the legislation does not state how different jobs should be assessed within each institution. This can be achieved in a number of ways: conducting interviews, distributing job questionnaires, examining job specifications already on file, or by using formalized job descriptions. Regardless of whether or not a job description is used as the basis for comparison, it remains the fundamental tool used when filling in a questionnaire or responding to questions. Apart from the various other benefits they provide, job descriptions are "the basis for an impersonal evaluation of equity treatment for any position"⁴. By spelling out functions and job requirements, comparisons are facilitated. Because most hospital library jobs are unique positions, finding a common slot for them within hospital job classes may prove difficult. As the SLA study indicates, "this is where the requirements and statements of the position description come into play and are all-important. For equitable treatment, this description must be matched against other position descriptions and analyzed to detect simil-

arities in such areas as degree and scope of individual responsibility required, amount and type of authority delegated, nature of policy and procedural controls imposed and the amount of guidance and assistance available".

For this reason, it is important that every library job description adequately describe the functions actually performed, the degree of difficulty and skills required in the performance, the number and kind of people with whom the position relates, the number and kind of people and outside organizations with whom the position interacts and what kind of commitments are able to be made and to whom. Now is the time for all of us, if we have not already done so, to rewrite our job descriptions in a format that will prove most useful to the pay equity process.

While it is incumbent upon librarians to ensure that they represent their positions to their institutional pay equity committee in as accurate a manner possible, the committee's interpretation of the position's requirements is key to the grading and assignment of the job within the particular institutional structure. Of concern to professional librarians is the use of generic job descriptions by a number of pay equity plans provided by private consulting firms. While these are only intended as "examples" that should be examined for institutional relevance by individual pay equity committees, the fear is that many institutions will be inclined to accept them as valid descriptions of the position regardless of the very significant variances in duties and responsibility from institution to institution. Hospital librarians are more likely to suffer in this area because of the disparate nature of staffing of the librarian's position within health care

institutions. Librarians who disagree with their job fact sheet or the eventual job rating of their position are encouraged to voice their disapproval either by returning the job fact sheet unsigned with an explanation of the areas of contention or by objecting to the pay equity plan itself.

Most personnel managers will agree that the present legislation is inadequate in dealing with female-dominated professions or the female-dominated workforce such as day-care workers, garment makers and that much more work is required to redress the inequities within these employment sectors. Nevertheless, despite its inadequacies, this legislation must be seen as an important first step in providing adequate compensation for work that is performed primarily by women.

BIBLIOGRAPHY

1. Ontario. Pay Equity Commission. **Questions and answers: pay equity in the workplace.** Toronto, Ont: The Commission, 1987:2.
2. Ontario Hospital Association. **Hospital employment equity Ontario.** Don Mills, Ont: O.H.A., 1986:8.
3. **An Act to provide for pay equity, S.O. 1987, c.34, s.4(1).** Toronto, Ont: Queen's Printer for Ontario, 1987.
4. Special Libraries Association. **Equal pay for equal work.** New York: The Association, 1980:12-3.

NEWS AND NOTES

PEOPLE ON THE MOVE

RAY BANKS assumed the position of Librarian at the Toronto Institute of Medical Technology on 1 February 1989. Ray had been staff librarian at the Brockville Psychiatric Hospital in Brockville, Ontario.

ELAINE BERNSTEIN, formerly Librarian at the Hugh McMillan Centre Library in Toronto, has been hired as Assistant Director of the Hospital Library, Hospital for Sick Children, Toronto, effective May 1, 1989.

DAVID CRAWFORD, Assistant Life Sciences Area Librarian, McGill University, is on sabbatic leave during 1989. He has been awarded a World Health Organization Fellowship to visit Northern Ireland and examine the Regional Medical Library Service provided to hospitals and other health care institutions in Northern Ireland by the Queen's University of Belfast. He will also visit other regional services in the United Kingdom and in the Republic of Ireland. David has also been invited to return to China as a Visiting Research Librarian at the China Medical University in Shenyang.

CHERI FEIGER has accepted the position of Reference Librarian at the Canadian Memorial Chiropractic College Library effective January 5, 1989. She has a MS degree in Library Service from Columbia University. She has just moved to Toronto from New York where she was Director of Public Services at Stern College of Yeshiva University.

DEIDRE GREEN is now Director of Medical Publications at the Hospital for Sick Children, Toronto, Ontario as well as its Director of Library Services.

DAN HEINO has accepted a one-year contract position at the Woodward Biomedical Library, University of British Columbia, starting April 17, 1989.

KENN LADD has left the Toronto Institute of Medical Technology to manage the Library at Atomic Energy of Canada Limited in Mississauga, Ontario.

W. KEITH MCLAUGHLIN, formerly Director, Library Services, Alberta Community and Occupational Health, has been appointed Director, Library and Inquiry Services for the new Alberta Department of Health. He will also continue as Acting Manager, Library Services, Alberta Occupational Health and Safety, which has become a separate agency.

CANDACE THACKER was appointed Librarian of the Academy of Medicine & Hamilton General Hospital Library effective January 23, 1989. She is a graduate of the Master of Library Service Program at Dalhousie University. Candace has held contract positions at the National Library of Canada, McMaster University Library, Henderson General Hospital, Hamilton Public Library, and Mohawk College of Applied Arts & Technology. She had been employed as Medical Information Associate/Librarian at G.D. Searle & Company of Canada in Oakville, Ontario since January 1988.

CAROL TULLIS has been hired as Health Sciences Librarian reporting to the Director, Health Sciences Library at the Toronto Western Hospital effective March 6, 1989. She was formerly a librarian at Women's College Hospital, Toronto.

GLENDA WEST has joined the staff of Sunnybrook Medical Centre, Toronto, Ontario as a Reference Librarian. She is a recent graduate of the Faculty of Library and Information Science, University of Toronto.

Please Note:

Donna Dryden, our CHLA/ABSC liaison to MLA, is arranging a "get together" dinner for all Canadians attending the MLA '89 Conference in Boston, MA. Please check the notice board at the Conference Hotel (Boston Marriott Hotel Copley Place) and the daily MLA Conference Newsletter for further details.

Extra copies of the CHLA/ABSC **Fact Sheets** are available from the Secretariat while supplies last.

IN MEMORIAM

WENDY ELIZABETH PATRICK

We are saddened to record the recent passing of Wendy Elizabeth Patrick, Librarian of the Nursing/Social Work Library, McGill University on February 4, 1989.

Wendy's contribution to the libraries of McGill University was distinguished, and her career developed rapidly. A year following her arrival in the Medical Library, she was appointed Head of the Reference Department, leaving in two years to become Librarian-in charge of the Botany/Genetics Library. She was appointed Nursing/Social Work Librarian in 1982.

It was in the Nursing/Social Work Library that her career was most nourished. Her six years in this Library were a period of outstanding achievement. She developed a fledgling library into a model for library service; she recruited and trained motivated staff, developed an excellent collection and earned the respect and support of the members of the School of Nursing and the School of Social Work.

She was on a sabbatical leave at the time of her sudden death. This leave was awarded to Wendy to further her research on the role of the librarian in providing health information to patients and their families in an acute care hospital. Her project, called Prêt-à-porter, would build an information service which would function as a point of access to other health resources in the community.

Her sense of civitas is illustrated in her work with the Youth Horizons Foundation where she was an active member of the Board of Directors. Her project within the Nursing/Social Work Library, to develop a meaningful work experience for youth in care was enormously successful.

Wendy was a long standing member of CHLA/ABSC, the Medical Library Association and the Quebec Library Association. Her professional and community contributions are sufficient to dignify a long career. Wendy's delightful sense of humour, gentle courage and unique quality of caring will be remembered.

We extend sincerest sympathy to her parents, Mrs. Charles H. Loucks of Warton, Ontario and Dr. John W. Patrick of Montreal; her three sisters, Nancy, Suzy and Barbara and their families; her stepfather Dr. Charles Loucks and her devoted friend Anne Tucker.

If desired, a contribution in Wendy's name may be sent to the McGill University Nursing/Social Work Library, 3485 McTavish Street, Montreal H3A 1Y1 or to Youth Horizons Foundation, 6 Weredale Park, Montreal H3Z 1Y6.

FROM THE HEALTH SCIENCES RESOURCE CENTRE

Maureen Wong

Head, Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
Ottawa, Ontario

GRATEFUL MED

Version 4.0 of the GRATEFUL MED front-end software package has now been released. Purchasers of previous versions will automatically receive the new version free of charge from the U.S. National Technical Information Service (NTIS).

What's new in GM Version 4?

- access to 2 additional databases - AIDSLINE and SDILINE
- direct access to PDQ and the TOXNET files
- Bulletin Board Service (BBS)
- updated MeSH annotations and mouse capability
- personalized medical journal title searching
- capability to save your searches for future editing
- easier installation for Canadians
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To order your copy of GRATEFUL MED, send request to:

National Technical Information Service
U.S. Department of Commerce
5285 Port Royal Road
Springfield, VA 22161
U.S.A.

Please quote product number PB86-

158482/GBB. Price \$29.95 US + \$3.00 handling fee per order.

New orders for Version 4.0 will be filled with copies of GRATEFUL MED on both 5.25" and 3.5" disks.

New TOXNET file - DBIR

DBIR (Directory of Biotechnology Information Resources) is now available on the TOXNET system of the U.S. National Library of Medicine. DBIR contains information on a wide range of resources related to biotechnology. These resources may be online databases and networks, publications such as periodicals and books, organizations, collections and repertoires of cells and subcellular elements. DBIR also identifies groups and agencies working on issues of nomenclature in biotechnology and molecular biology. Names, addresses and phone numbers of resource organizations and special agencies are provided.

HSRC Advisory Committee

The HSRC Advisory Committee met at CISTI on December 9, 1988. The Committee provides advice and makes recommendations to the Director of CISTI regarding the planning and services of HSRC.

At the December meeting, there was discussion on CD-ROM use in health sciences libraries and on interlibrary loan facsimile service. There was also a progress report on the first meeting of the Joint SRCMSL/CHLA/CISTI ILL Committee.

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE

Maureen Wong

Chef, Centre bibliographique des sciences de la santé
Institut canadien de l'information scientifique et technique
Ottawa (Ontario)

GRATEFUL MED

La version 4.0 du logiciel frontal GRATEFUL MED vient d'être lancée. Le National Technical Information Service des Etats-Unis fait parvenir automatiquement une copie gratuite du nouveau logiciel à ceux qui ont acheté une version précédente.

Nouvelles options sur la Version 4.0

- accès à deux nouvelles base de données
- AIDSLINE et SDILINE
- accès direct aux fichiers PDQ et TOXNET
- service de tableau d'affichage électronique (Bulletin Board Service - BBS)
- annotations du MeSH mises à jour et l'option d'utiliser une souris
- recherche personnalisée de titres de revues médicales
- possibilité de conserver les recherches en vue de les éditer ultérieurement
- installation plus facile au Canada
- format de disque 3 1/2" disponible

Pour commander votre copie du logiciel GRATEFUL MED, adressez-vous à:

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U.S. Department of Commerce
5285 Port Royal Road
Springfield, VA 22161
U.S.A.

Veuillez rappeler le numéro de produit PB86-158482/GBB sur votre commande. Le logiciel coûte 29,95 \$US, plus 3 \$ de frais de port et manutention par commande.

Les nouvelles commande de la Version 4.0 du logiciel GRATEFUL MED seront remplies avec des disquettes de format 3,5" et 5,25".

Nouveau fichier TOXNET - DBIR

Le DBIR (Directory of Biotechnology Information Resources) est maintenant offert sur le système TOXNET de la National Library of Medicine. DBIR contient de l'information sur une vaste gamme de ressources se rapportant à la biotechnologie. Il peut s'agir de bases de données et de réseaux en direct, des publications telles que des périodiques et des livres, des organismes, des collections et des répertoires d'éléments cellulaires et subcellulaires. Le DBIR identifie également des groupes et des organismes travaillant sur des questions de nomenclature en biotechnologie et en biologie moléculaire. Les noms, adresses et numéros de téléphone des organismes ressources et des agences spéciales sont fournis.

Réunion du Comité consultatif du CBBS

Le Comité consultatif du CBSS s'est réuni à l'ICIST le 9 décembre 1988. Le Comité fournit des conseils et formule des recommandations au directeur de l'ICIST concernant la planification et les services du CBSS.

A la réunion de décembre, la discussion a porté sur l'utilisation du CD-ROM dans les bibliothèques de la santé et le service de prêt entre bibliothèques par télécopie. Un rapport d'avancement a également été présenté sur la première réunion du Comité PEB mixte CSRBML/ABSC/ICIST.

NEW PUBLICATIONS

College of Family Physicians of Canada. **Self Evaluation Program/Le programme d'auto evaluation.** Toronto: CFPC. (bimonthly)

This continuing education programme, published by the College of Family Physicians of Canada, has approximately 2,500 subscribers at present. It is available either in booklet format or computer diskette version for IBM and MacIntosh computers. The programme functions as a journal club by mail in that the questions and answers contained in each issue are based on recent articles in the family medicine and primary care literature. The major publications in this area have been reviewed by the editorial board of the programme and those articles of most relevance to practicing family physicians are selected. Multiple choice questions are written based on each of these articles and an educational abstract of the important information from the article is provided.

The programme is published six times a year, and is available in English or French. Each issue contains 40 questions. Subscriptions are \$150/year for institutions and non-CFPC members, \$96/year for CFPC members. Contact the programme coordinator, Sharon Ducker, for further information or to receive a complimentary issue.

College of Family Physicians of Canada
4000 Leslie Street
Willowdale, Ontario
M2K 2R9
Phone: (416) 493-7513
Fax: (416) 493-3224

Bonnie Snow. **Drug information: a guide to current resources.** Chicago: Medical Library Association, 1989 ISBN:0-912176-24-5. \$25.00 for MLA members and \$32.00 for nonmembers.

Drug Information includes a comprehensive introduction to relevant print sources, a presentation of the most prominent legal and regulatory issues, a thorough discussion of online information sources, a complete bibliography, a concise glossary, and a course of practicum exercises to enhance learning.

The following bibliographies are now available to MHLA members and non-members:

1988	MEDICINE	\$4.00
1987	ALLIED HEALTH	\$4.00
1985	BASIC REFERENCE SOURCES	
	LONG TERM GERIATRIC CARE	\$4.00
	ALL ABOVE SECTIONS	\$12.00

Please circle the title of the section(s) you are purchasing and make cheque or money order payable to: MANITOBA HEALTH LIBRARIES ASSOCIATION.

Send order with prepayment to:

Manitoba Health Libraries Association
Selected Books and Journals (Hélène Proteau)
Box 232, Postal Station C
Winnipeg, Manitoba
R3M 3S7

Toronto Health Libraries Association. **Union List of Periodicals.**
Supplement to the 5th Edition.

Includes titles received since January 1986. Approximately 50 pages, 1,000 "new" titles (i.e. titles which began 1986-present or those new to a contributing library).

Cost is: \$5.00 contributing THLA members (i.e. those who are in this supplement); \$7.50 non-contributing THLA members; \$10.00 non-THLA members.

Please make cheque payable to: Toronto Health Libraries Association and send order with prepayment to:

Elizabeth Reid
Toronto Western Hospital
R.C. Laird Health Sciences Library
399 Bathurst Street
Toronto, Ontario M5T 2S8

New Third Edition (1988) now available:

CANADIAN TUBERCULOSIS STANDARDS and NORMES CANADIENNES DE TRAITEMENT DE LA TUBERCULOSE

English edition 87 pages/French edition 98 pages

\$7.50 each includes shipping charges

"The goal of the Canadian Lung Association and the Canadian Thoracic Society in the current revision of the **Standards** is to inform all those working in the field of tuberculosis about important changes in recommended policies for the control of this disease.

The increasing move toward out-patient treatment, permitted by the newer drugs, and the growing involvement of physicians and others in the health professions who do not have special knowledge of tuberculosis have served to re-emphasize the need for guidance on the more important aspects of diagnosis and management.

This book aims primarily to acquaint the non-specialist with the principles, priorities, and goals required for an optimum approach to tuberculosis in both its individual and community dimensions."

Order from:

YOUR PROVINCIAL LUNG ASSOCIATION

or Orders may be sent to:

The Canadian Lung Association
75 Albert Street
Suite 908
Ottawa Ontario
K1P 5E7

(Such orders will be forwarded to the respective provincial lung associations for processing.)

CANADA'S HEALTH PROMOTION SURVEY

NEW RELEASES IN THE TECHNICAL REPORT SERIES

Available in English or French.

Health and Welfare Canada. **Canada's Health Promotion Survey: Technical Report.** Eds., I. Rootman, R. Warren, T. Stephens and L. Peters. Ottawa, Minister of Supply and Services Canada, 1988.

Health and Welfare Canada. **Canada's Health Promotion Survey: Technical Report Series. Special Study on the Socially and Economically Disadvantaged** by Russell Wilkins. Ottawa, Minister of Supply and Services Canada, 1988.

Health and Welfare Canada. **Canada's Health Promotion Survey: Technical Report Series. Special Study on Youth** by Andrew Siggner. Ottawa, Minister of Supply and Services Canada, 1988.

Health and Welfare Canada. **Canada's Health Promotion Survey: Technical Report Series. Guidelines for Community-Based Health Promotion Surveys** by Gary Catlin. Ottawa, Minister of Supply and Services Canada, 1988.

If you wish to obtain any of these publications free of charge, indicate which publications you wish to receive, state whether you prefer English or French and send your name and address to the Publications Unit, Health Services and Promotion Branch, Health and Welfare Canada, 5th Floor, Jeanne Mance Building, Ottawa, Ontario, K1A 1B4.

MEETINGS/WORKSHOPS

CANADIAN HEALTH LIBRARIES ASSOCIATION ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE DU CANADA

13TH ANNUAL MEETING, MAY 27-31, 1989, CHATEAU LAURIER, OTTAWA

PRELIMINARY PROGRAMME

CAPITAL INVESTMENTS

Saturday, May 27, 1989

09:00 - 17:00	CE	SELECTION AND IMPLEMENTATION OF AUTOMATED LIBRARY SYSTEMS Jane Beaumont Library and Information Systems Consultant
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Sunday, May 28, 1989

09:00 - 17:00	CE	SOURCES OF CANADIAN HEALTH STATISTICS Tom Flemming, Health Sciences Library, McMaster University Diana Kent, Woodward Biomedical Library, University of British Columbia
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09:00 - 17:00	CE	PLANNING LIBRARY FACILITIES Sue Stoyan, Illinois Library System
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19:00 - 21:00		WELCOMING RECEPTION, SPONSORED BY SMS CANADA. FACULTY CLUB, UNIVERSITY OF OTTAWA
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Monday, May 29, 1989

09:00 - 09:30		WELCOME Bill Maes, CHLA/ABSC President
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09:30 - 10:15

ADDRESS FROM THE CAPITAL

Maureen Law, M.D., F.R.C.P.C., Deputy Minister,
Health & Welfare, Canada
Marianne Scott, L.L.D., National Librarian

10:15 - 10:45

EXHIBITS OPENING

COFFEE

10:45 - 12:00

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Jane Cooney, Executive Director,
Canadian Library Association

12:00 - 14:00

LUNCH (INTEREST GROUPS)

14:00 - 15:00

**PANEL: CHLA TASK FORCE ON
HOSPITAL LIBRARY STANDARDS**

Moderator: Verla Empey, Wellesley Hospital
Jan Greenwood, Task Force Chairperson
Member, Canadian Council
on Health Facilities Accreditation

15:00 - 17:00

EXHIBITS & COFFEE

19:00 -

BANQUET

Adam room, Chateau Laurier Hotel

Tuesday, May 30, 1989

09:00 - 10:30

LEADERSHIP: WHAT'S IT REALLY ALL ABOUT

Suzanne Robinson; Owner/Partner,
Kennedy, Robinson & Gilpin Association

10:30 - 11:00

COFFEE

11:00 - 12:00

SELLING YOUR SERVICE, SELLING YOURSELF

Patricia Horner, Director,
Canadian Government Publishing Centre

12:00 - 13:30

LUNCH

13:00 - 14:30

**PANEL: CURRENT ISSUES
IN MEDICAL RESEARCH -- FUNDING**
Moderator: Joanne Marshall, Ph.D.
University of Toronto
R.A. Heacock, Ph.D., Director-General,
Extramural Research,
Health & Welfare, Canada
Richard Lauzon, Ph.D., Executive-Director,
Canadian Heart Foundation

14:30 - 15:00

CLOSING REMARKS
E.V. Smith, Director
Canadian Institute for Scientific
& Technical Information

15:00 - 15:30

COFFEE

15:30 - 17:00

ANNUAL GENERAL MEETING

17:00 - 18:00

CISTI UPDATE
Maureen Wong, Health Sciences Resource Centre

Wednesday, May 31, 1989

09:00 - 17:00

CE

MEDLARS ADVANCED SEARCH STRATEGY
Dianne Pammett, HSRC

09:00 - 17:00

TOURS

BREAKING DOWN THE BARRIERS TO INFORMATION
60th ANNIVERSARY CELEBRATIONS, FLIS
Medical Sciences Building
University of Toronto
Toronto, Ontario
May 4-5, 1989

Keynote speaker is Stephen Lewis

For further information, please contact:

Faculty of Library and Information Science
University of Toronto
140 St. George Street
Toronto, Ontario
M5S 1A1
(416) 978-3035

MEDICAL INFORMATICS & EDUCATION INTERNATIONAL SYMPOSIUM
University of Victoria
Victoria, British Columbia
May 15-19, 1989

Keynote speakers include G. Octo Barnett, Donald A. B. Lindberg and Lawrence L. Weed.

For further information, please contact:

Fiona Hyslop
Conference Services
University of Victoria
P.O. Box 1700
Victoria, British Columbia
V8W 2Y2
(604) 721-8653

MEDICAL LIBRARY ASSOCIATION'S 89th ANNUAL MEETING

Boston Marriott Hotel Copley Place
Boston, Massachusetts
May 19-25, 1989

Keynote speakers include Mathilde Krim, James Burke and Richard Alan Selzer.

For further information, please contact:

Eileen Fitzsimmons
Medical Library Association
6 North Michigan Avenue
Chicago, Illinois 60602
(312) 419-9094

USER AND INFORMATION DYNAMICS: MANAGING CHANGE

Special Libraries Association
Sheraton Centre
New York, NY
June 10-15, 1989

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Subject Index, volume 10, 1988-1989

Information for Contributors, Meetings/Workshops, Positions Available, and New Publications are not indexed. Contents pages of each issue serve as the title index of this journal.

A
Academy of Medicine 10(3):130-2

B
Bibliotheca Medica Canadiana
10(1):15

C
CHLA/ABSC
Annual General Meeting 10(1):8-11

CE Coordinator 10(1):13
Public Relations 10(1):14
Treasurer 10(1):12

CHLA/ABSC Task Force on Hospital
Library Standards see Task Force
on Hospital Library Standards

CHLA/ABSC Task Force on the CHA/MIS
Guidelines see Task Force on the
CHA/MIS Guidelines

CISTI see Canada Institute for Scientific
and Technical Information

Canada Institute for Scientific and Technical
Information 10(1):38-41

Central Ontario Health Libraries
Association 10(1):21

Centre bibliographique des sciences de la
santé see Health Sciences Resource
Centre

Consumer Health Information
10(3):135-8

Continuing Education Columns
10(1):34-7
10(3):109-10
10(4):171-6

E
Editorials 10(1):1
10(2):55
10(3):101
10(4):155

Education, Health Sciences
10(4):171-6

F
Flower Report see Libraries Without Walls

H
HSRC Advisory Committee see Health
Sciences Resource Centre Advisory
Committee

Health Libraries Association of British
Columbia 10(1):20

Health Protection Branch Library Services
Division see Libraries, Health and
Welfare Canada

Health Sciences Resource Centre
10(1):47-50
10(2):88-91
10(3):140-3
10(4):202-5

Health Sciences Resource Centre Advisory
Committee 10(1):16
10(4):169-70

I
IAIMS 10(2):69-75
In Memoriam
Patrick, Wendy Elizabeth
10(4):201
Smith, Kathryn M. 10(2):87
Information Professional 10(3):117-20
Information Scientist 10(2):62-8

Information Specialist 10(4):177-80
 Integrated Academic Information
 Management Systems *see* IAIMS

K

Kingston Area Health Libraries Association
 10(1):22

L

Letters to the Editors 10(1):2
 10(2):56
 10(3):102
 Librarians 10(2):62-8
 10(3):111-6
 10(4):177-80
 Librarians, End-User 10(3):126-9
 Libraries
 Hospital 10(4):184-92
 Regional Librarian Service
 10(3):133-4
 Libraries, Health and Welfare Canada
 10(1):42-4
 10(1):45
 10(2):98
 Libraries Without Walls 10(1):38-41
 10(2):76-9
 Library Services 10(3):121-5
 London Area Health Libraries Association
 10(1):23

M

Manitoba Health Libraries Association
 10(1):24-5
 Maritimes Health Libraries Association
 10(1):26
 Medicine, Scientific 10(2):62-8
 MIS Project 10(4):166-8
 Montreal Health Libraries Association
 10(1):27

N

Negotiation, Effective 10(4):181-3
 Nominations 10(2):83
 10(2):84

Nominations continued 10(3):150
 10(3):151
 Northern Alberta Health Libraries
 Association 10(1):17-8
 Northwestern Ontario Health Libraries
 Association 10(1):28
 Nursing Interest Group 10(2):86

O

Ontario Hospital Libraries Association
 10(1):32-3
 Ottawa/Hull Health Libraries Association
 10(1):29

P

Patient Care 10(3):121-5
 Patrick, Wendy Elizabeth 10(4):201
 Pay Equity 10(4):193-8
 People on the Move
 Banks, Ray 10(4):199
 Barnett, Linda 10(2):85
 Barrett, Ann 10(2):85
 Beckett, George 10(2):85
 Bernstein, Elaine 10(4):199
 Brownstein, Bonnie 10(3):139
 Busby, Lorraine 10(2):85
 Callaghan, Claire 10(1):46
 Cole, John 10(3):139
 Crawford, David 10(4):199
 De Bruijn, Elsie 10(3):139
 Duchow, Sandra 10(3):144
 Feiger, Cheri 10(4):199
 Grant, Madeline 10(3):139
 Green, Deidre 10(4):199
 Greenberg, Arlene 10(3):144
 Hawkins Brady, Elizabeth
 10(2):85
 10(2):85
 Hayes, Eleanor 10(2):85
 Heilbrunn, Lila 10(1):46
 Heino, Dan 10(4):199
 Helik, Teresa 10(3):139
 Hoff, Connie 10(1):46
 Issac, Kim 10(2):85
 Kamenno-Sine, Lana 10(2):85

Ladd, Ken	10(4):199
Lawlor, Jeannine	10(1):46
Leith, Anna	10(2):86
Lemon, Nancy	10(1):46
Logan, Penny	10(2):86
McInnes, Doug	10(3):139
McKinlay, Bessie	10(3):139
McLaughlin, W. Keith	10(4):199
Ordogh, Linda	10(2):86
Patrick, Wendy	10(1):46
Pharoah, Joyce	10(1):46
Prior, Theresa	10(2):85
Solomon Shiff, Linda	10(2):85
Thacker, Candace	10(4):200
Thornton-Trump, Anne	10(3):139
Toplack, Chris	10(2):86
Tullis, Carol	10(4):200
Voelker, Linda	10(1):46
West, Glenda	10(4):200
President's Report	10(1):3-5
	10(2):57-60
	10(3):103-6
	10(4):157-60

Author Index, volume 10, 1988-1989

B	
Banks, R.	10(4):184-92
Barrett, A.	10(1):13
Boite, M.	10(1):30

S	
Smith, Kathryn M.	10(2):87
Southern Alberta Health Libraries Association	10(1):19
Sydney Library Automation System	10(2):80-2

T	
Task Force on Hospital Library Standards	10(1):6-7
	10(2):61
	10(3):107-8
	10(4):161-2
Task Force on the CHA/MIS Guidelines	10(4):163-5
	10(4):166-8
Toronto Health Libraries Association	10(1):30

V	
Value	10(3):117-20
	10(4):184-92

W	
Wellington-Waterloo-Dufferin Health Library Network	10(1):46
Windsor Area Health Librarians Association	10(1):31
Workload Measurement	10(3):111-6
Workload Measurement Bibliography	10(4):166-8

Callaghan, J.C.	C	10(1):1	King, D.N.	K	10(3):121-5
		10(1):15			10(1):19
Cornett, J. Crawford, D.		10(2):55	Kirchner, E. Krause Quinlan, C.		10(1):12
		10(3):101			
		10(4):155			
		10(1):21			
		10(2):76-9	Ladd, K.	L	10(2):80-2
					10(1):22
Dryden, D.M.	D		Law, J.		10(1):26
Dunikowski, L.			Logan, P.		
			Macmillan, C.	M	10(1):32-3
					10(1):3-5
			Maes, B.		10(2):57-60
					10(3):103-6
Eagleton, K.	E	10(1):16	Maranda, S.		10(4):157-60
		10(4):169-70			10(3):126-9
		10(1):1	Marshall, J.G.		10(3):109-10
		10(1):15			10(4):171-6
			Matarazzo, J.M.		10(3):117-20
					10(3):130-2
Greenwood, J.	G		Mulloy, C.		
			Patrick, W.	P	10(3):135-8
					10(3):140-3
Groen, F.			Pammett, D.		10(1):20
			Price, M.		
Harris, R.M.	H	10(1):6-7	Schmaltz, C.	S	10(1):28
		10(2):61			10(1):42-4
Hendricks, S.E.		10(3):107-8	Stableford, B.		10(1):17-8
		10(4):161-2			
		10(1):2	Sutherland, L.		
Heriot, J.			Veeken, M.	V	10(1):34-7
Hersey, F.M.			Waluzyniec, H.	W	10(1):14
					10(4):181-3
Higgins, S.			West, K.		10(2):55
					10(3):101
Horrobin, D.F.			Wilcox, L.		10(4):155
					10(1):47-50
			Wong, M.		10(2):88-91
					10(4):202-5
Inglis, J.	I	10(1):24-5			
Janik, T.	J				
Joyce, J.					

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